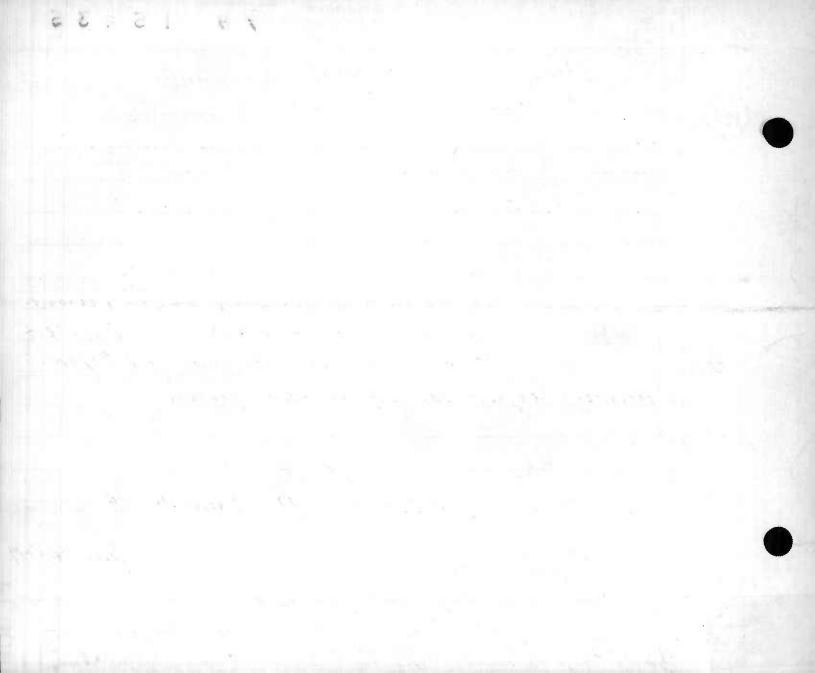
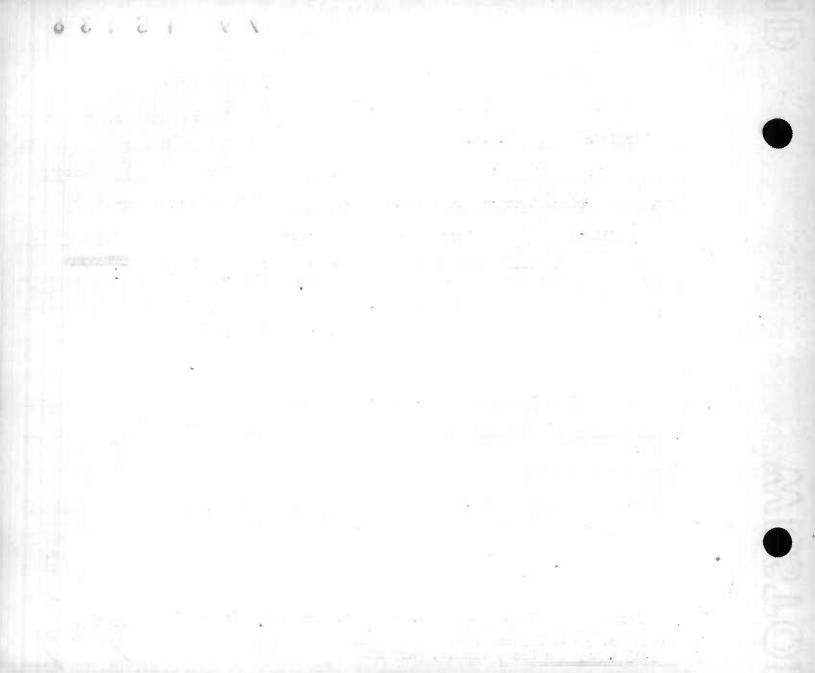
10-	1		STATE OF MARYLAND	To the same of the
	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIERE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	434
		CEASED NAME CA/VIN	MIDDLE LAST Ze. DATE KNOWN MC MC OF ESTI-	ONTH DAY YEAR 76. HOUR
ON STREE	3. SE	Take Black	5. DATE OF BIRTH MONTH DAY  YEAR  1. C - 2.7 - 44  6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTHS DAYS HOURS MIN. PRONOUNCED DEAD  6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	3 1979 A M
MECESS S FOR W PRESI	f	RTHPLACE (STATE OR DEFINITELY) Wash., D.C.	USA  **MARRIED NEVER MARRIED DIVORCED D	MD.
AY IS THE PAGE 701		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)  Prince George Hospital  126. USUAL OCCUPATION (TYPE OF W. FOR MOST OF WORKING LIFE)  Supervisor	OR INDUSTRY
21201 F ANY DEL AND 3 TG S RELAINE F RECORDS,	13a. S	TATE 1136. COUNT	or other institution, give residence before admission)  TY	ue
E, MD. 2 EEATH. 1 EES 1, 2, 3 A PM 3. 3 AND 2 S E-VITAL		ATHER'S NAME PINKY Alexan VAS DECEASED EVER IN U.S. ARA	.der   15. MOTHER'S MAIDEN NAME   MIDDLE   Margaret Monteith	LAST
, BALTIMOR URS AFTER I B. GIVE PAG WITH FORM I PAGES 1 , DIVISION O	(Y	es, no, or unknown) (IF yes, give v	578 56 4311 Mrs. Marion Alexander-	
301 W. PRESTON ST. CUTED WITHIN 24 HO L EXAMINER ALONG URIAL-TRANSIT PERMIT UD MENTAL HYGIENE,		Conditions, if ony, which gove rise to immediate couse (a) stoting the <u>underlying couse lost</u> .	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS ILD BE EX PENDING F MEDIC, ED AS A I HEALTH A REMATIO	TION	Chesity 190 DATE OF OPERATION	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
DF VITAL RE SHOULD WORD "PE THE CHIEF, ID BE USED BURLY OF HE.	CERTIFICATION	210 EXTERNAL CAUSE WAS	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES NO
ION CITIEIC STHE TO SHOULD ARTIA	MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUSE OF D		OR PART 2)
DIVISI THIS CERI WRITING WARDED AAGE 3 SI TATE DEP	MEC	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION  STREET  CITY OR TOWN	COUNTY STATE
AL EXAMINER: HE CERTIFICATE, HOULD BE FORM TH, WITH THE SS E, MARYLAND, 21			ol couses , Accident , Suicide , Homicide , Undetermined monner ,	ny opinion  ATE GNED 6 - 4 - 7 9
TO MEDICAL EXECUTE THE PAGE 4 SHOI TO FUNERAL AFTER DEATH, BALTIMORE,		EXAMINER'S NA AGUS	ADDRES6	muys, Mel 2003)
Bb———BATATA	(5	URIAL CREMATIO  Burial  UNERAL DIRECT		nd, Maryland
DHMH - 17 (VR A15 ME (5)) 15M 7/77		NAME Cewart Funera	Home-4001 Benning Road, NE.	P'S SICHATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE C 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2h HOUR TYPE OR PRINT) VERA TEAM BANKS 06 01 79 .02P 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR MONTH YEAR DAYS Female Black 06 18 49 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED DIVORCED . Prince Georges IO CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Southern Maryland Hospital Bd Ed., P.G. Clinton P.E.Tch. BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 113e STREET ADDRESS Md. Pr. Geo. Brandywine Rt.1 Box 275 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John S. Washington Delphine Gray 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) [ [IF YES, GIVE WAR OR DATES] John & Delphine Washington 215-54-5718 SAA APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per fine far (a), (b) and (c PART I. DEATH WAS CAUSED BY 201 W. PRESTON ST., DUE TO, OR AS A CONSEQUENCE OF brovascular accident Conditions, if any, which gove rise to immediate cause iol, stating the DUE TO OR AS A CONSEQUENCE OF tha underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. June CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ NO 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING Hem 18 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive on\_ 19 79 \_\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22h, SIGNATURE DEGREE 22c DATE SIGNED Simula Kut Fembuch Mo = ATTENDING ANDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto with the State IMPORTANT: I FUNERAL 274 PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS KHOT FERNBACH 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY St. Peters Ch. Cem. Bryanyown Chas. Md. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4))

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## STATE OF MARYLAND

1	- STATE REGISTRAR			DEFARIA		ICATE OF DEATH	REG.	NO.		
	ECEASED NAME	FIRST	A	MIDDLE	L.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR D
{1YI}	(PE OR PRINT)	Sadie	I		Bean		June	30,	1979	2:45 M
3 S	EX	1	RACE		5. DATE O		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER LYEAR	
	Female	130	Whi	te	Nov		8	# YRS	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (STATE ORF			WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY	OR COUN		
1000	CITY OR TOWN OF DE					D DIVORCED DR OTHER INSTITUTION	12a. USUAL OCCUP.	ATION	12b. KIND	OF BUSINESS OR
90	Hyattsvill	e /		ed Heart I			Registe			
	UAL RESIDENCE (IF NUR STATE Md.	13b. COUN Mon	ſΥ	GIVE RESIDENCE BEFORE 131. CITY OR TOW Silver	N	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRES		reek Pa	arkway
14. 1	FATHER'S NAME George	Ĥ	IDDLE	Bean		15 MOTHER'S MAIDEN NAME FIRST	ME Jane	F	Tamilto	n.
	WAS DECEASED EVER		AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADI	PRESS		- Lydlan
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	578-46-6	234	Sacred Heart	Home . Hv	at.t.svi	ille. Md	
	Conditions, if ony gove rise to im couse (a), stati underlying cousi	mediate ng the e lost.	(b)_6 DUE TO, OI	r as a conse <b>o</b> ue	clus a	the heart d			18,	moulhs
Z		NIFICANTO	onditions <u>cc</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION (	GIVEN IN PART 1	(0)
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE FIND TIFYING CAUSE YES	
- 6	OR CONTRIBUTION	CAUSE OF DEAT	HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF II	JURY IN ITEM 1	8, PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCUR	HILE [	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	22a I certify that (I sow the decease above, (I) (we) (	ed olive on	JUNE 3	19 7	- 6	nd that in (my) (and apinion	deoth occurred on the	dote and h	,	, that (I) (we) lost e couses stated
	22b. SIGNATURE	e f	Calle	ns			MEDICAL S DIRECTOR PHY	TAFF SICIAN	6-3	60.79
	228. PHYSICIAN'S N		,			22e ADDRESS	1	_		
1	THOMA	5 F.	COLL	LINS		2600-6	LUEENS	CHAI	DEL KI	

COLLINS 236 BURIA

DAW REV D. BY REGISTRAR 256. REGISTRAR'S PIGNATURE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior.

OR ATTENDING PHYSICIAN. The

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4 FUNERAL DIRECTOR

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STATE OF MARYLAND FOR
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REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENG CERTIFICATE OF DEATH

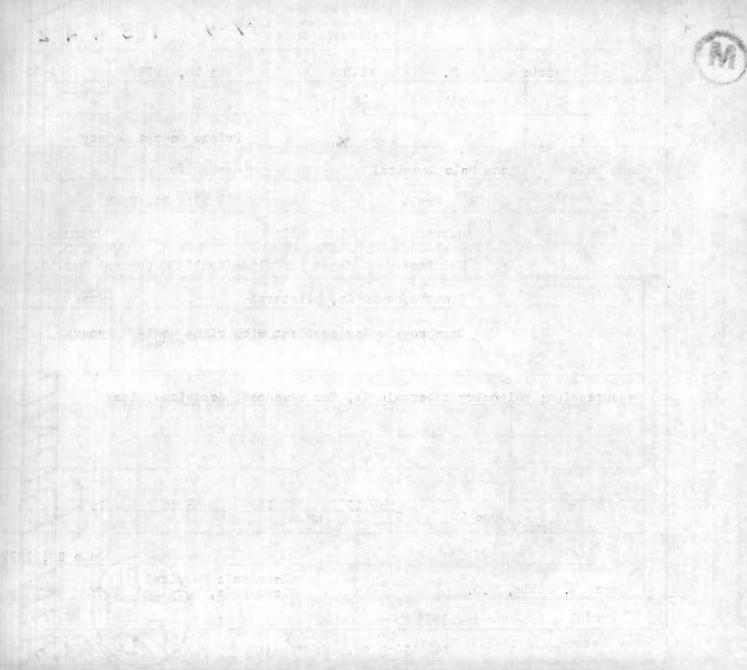
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I DECEASED .						REG. NO			
(TYPE OR PRINT)	AME FIRST	M	NIDDLE	ι	AST	20 DATE OF DEATH A	AONTH I	DAY YEAR	26 HOUR
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1:56X	4	RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HR
F	H 1 1 1 1 1 1	]	B1k	Oct	. 16, 13 <sup>AR</sup>	65	YRS	MONTHS DAYS	HOURS MIN
	ISTATE OR FOREIGN 7	b CITIZEN OF V	WHAT COUNTRY?	8		9 BALTIMORE CITY OF		OF DEATH	
COUNTRY) S	. C.	USA		WIDOWE	DIVORCED DI	Prince Geo	roe (	County	
ID CITY OR TO	WN OF DEATH			G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATIO			OF BUSINESS C
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(YES, NO OR U	NKNOWN) (IF YES, GIVE V	VAR OR DATES	Not State						
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18 CAUS	E OF DEATH Enter only					THE CALL DO			IMATE INTERVAL ONSET AND DEAT
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underly	ng cause last	(c)							
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PART 2	or cause last or control contr	onditions co	ntributing to d	EATH BUT	, far advance	nal disease or cond	ITION GIV	er	
PART 2	or cause last	onditions co	ntributing to d	EATH BUT		nal disease or cond	ITION GIV		NGS USED
PART 2	OTHER SIGNIFICANT CO	ONDITIONS CO	ontributing to d y tubercu	EATH BUT	s, far advance	inal disease or cond  d; decubitu  200 autopsy?  YES NO	S ulc 20b. IF YES IN CERTIF	Cer S, WERE FINDING EYING CAUSES	NGS USED
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PART 2 (PART 2)  PART 2	THER SIGNIFICANT CO THER SIGNIFICANT CO THER SIGNIFICANT CO THE SIGNIF	DNDITIONS CO LIMONARY  196 CONDIT  196 CONDIT  216 TIME OF HOUR A.M P.M  216 PLACE C (AT HOME, STRE  VIEW the body of PRINT)  S. M.D.	Taber on the state of the state	Y YEAR 19 ARM, ETC.)  MAY 2 AME OF C	216. HOW INJURY OCCURR  216. LOCATION STREET  216. LOCATION STREET  217. LOCATION STREET  218. LOCATION STREET  219. 78 d that in *** (aur) apinion of physician Physician  22e. ADDRESS  Glenn Glenn Glenn	AMEDICAL STAFF DATE MARY 1	S ulc 20b. IF YES IN CERT IF YE YE and have	cer  5, WERE FINDING CAUSES  S ART 1 OR PART 2)  COUNTY  19 79  19 79  120. DATE  June	NGS USED OF DEATH? NO STATE that ( <b>X</b> (we) locauses stated

3435 14th St., N. W.

DHMH - 16 60M 1/75 (VRA 15(4))

24 FUNERAL DIRECTOR Watson F.H. Inc.



FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE CERTIFICATE OF DEATH

REG. NO MONTH

26 HOUR 1979 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HPS

9. BALTIMORE CITY OR COUNTY OF DEATH

Prince George's

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Health Care Masseuse

2625 Western Ave. NW

Nelson

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICAN, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

STAFF PHYSICIAN TO DIRECTOR PHYSICIAN

3308 Dodge Park Rd.-Landover, MD

Washington, D. STATE

DHMH - 16 60M 7/73 (VR A 15 (4))

ER'S SONS INC. 24 FUNERAL DIRECTOR 5139 W138, AYE., N. W. WAEVI., B. G. 20016

250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE Tipkney Mc Cready

COUNTY

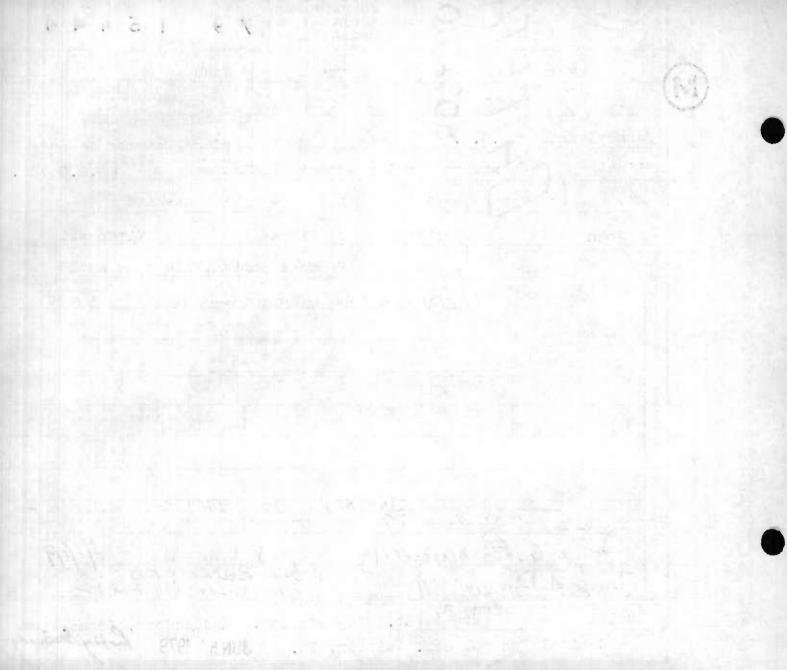
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIERE

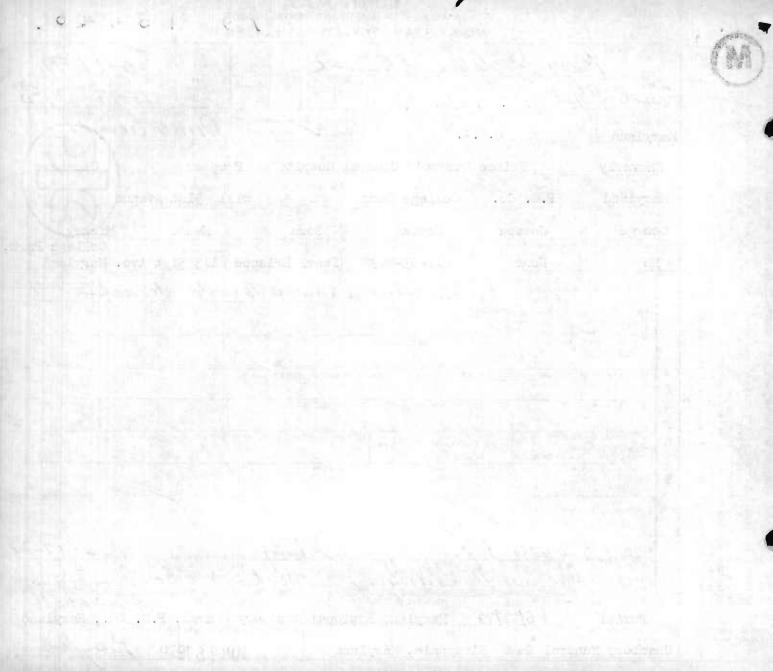


DEPARTMENT OF HEALTH AND MENTAL HYGIPNE C Medical Examiner 1 - STATE CERTIFICATE OF DEATH REGISTRAR Notified REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) John K. Brann June 13, 1979 12:30P 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 MIDS Male Feb 5, 1896 White 83 TO BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) U.S.A. Kentucky Prince George Co. WIDOWED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Greater Laurel Beltsville Hospital Carpenter Carpenter U.S.Gov. Laurel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Howard Savage CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 8905 Washington St. YES X NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE William Brann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) KKX yes 212-03-5835 Land Dora Brann same as #13 18 CAUSE OF DEATH Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR Conditions, if ony, which couse 101, stoting the DIVISION OF VITAL RECORDS, 201 W. underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 22a. | certify that (1) (this hospital) attended the deceased for sow the deceased afive a and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ve, (I) (we) (did) (did not) DEGREE ATTENDING MEDICAL STAFF PHYSICIAN I DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PE ld b 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN Burial Savage Cemetery Savage, Howard, Maryland DHMH - 16 60M 1/75 FLECK LAUREL FUNERAL HOME, INC. 7601 Sandy Spring Rd. Laurel, Md. 20810 (VRA 15 (4))

the new collection of the The state of the state of

		FOR		DEPARTMENT OF HEALTH			4 4 6
		STATE REGISTRAR	MEI	DICAL'EXAMINER'S	ERTIFICATE O	FDEATH REG. NO.	
(M)	1. DE		ru Maadan	Lane BREW	IAST P	20 DATE KNOWN GOF ESTI-	NTH DAY YEAR 76. HOUR - 1710 79
NO HOLE	3. SE)	4. RACE	5 DATE OF BIRTH		IDER TYR. IF UNDER	24 HRS. 2c. DATE MON	NTH DAY YEAR 28 HOUR
RY, BOIRE	Fe	male Blier	Nov. 1.	1906 72 YRS.	HS DAYS HOURS	MIN. PRONOUNCED DEAD	-17 107960
A A A Z E	70. BI	RTHPLACE (STATE OR	76. CITIZEN OF WH	IAT COLINTRY2	ED NEVERMARRIE	9. BALLIMORE CITY OR CO	TUNTY OF DEATH
		REIGN COUNTRY)	U.S.A			- W11100 12	enges MD.
THE FLOOR THE FL		TY OR TOWN OF DEATH	II. NAME OF HOS	PITAL, NURSING HOME, OR OTH	ER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WO	
PAG 30 TH	0	heverly		cility, give street address) leorge's General	Hospital	Presser	Cleaners
ORD B AIN		L RESIDENCE (IF IN NURSING	HOME OR OTHER INSTITUTION, GR				02000000
21201 F ANY DELA E, AND 3 TO SHOULD BE I RECORDS,	M	aryland	P.G. Co.	College Park	YES 🛣 NO 🗌	8111 51st Avenu	ie
DRE, MD. 2 R DEATH. IF AGES 11. RM PM 3. 1 AND 2 SF 1 OF VITAL	~	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	MIDDLE	LAST
AORE, PAGES ORM P OF V		eorge	Joseph	Brooks	Rosa 17. INFORMANT	Maude	Mickey
FTER DI FTER DI FORM ES 1 AI ON OF	(Y		YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO.		ADDRESS	College Park,
, BALTIMORE DURS AFTER DE B. GIVE PAGE MITH FORM TOTAL		No	None	217-03-2492	Pearl Bris	coe 8113 51st Ave	
T., B IOUR 1B. TB. NIT. F		18. CAUSE OF DEATH (E PART I DEATH WAS	inter only one cause per line	for (a), (b), and (c)	A sadion!	Vas cular dista	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON ST., I HIN 24 HOU IN ITEM 1B. R ALONG ISIT PERMIT. HYGIENE, D			MEDIATE CAUSE (a		course i	an cut and	
ESTC IN I IN I IN I IN I IN I IN I IN I		Conditions, if any,		AS A CONSEQUENCE OF			
W. PREST D WITHIN ENCIL IN AMINER A -TRANSIT ENTAL HY REMOVAL	H	gave (ise ta imm	nediate / (b)				
TED PEN XAM		lying couse lost.	under- DUE TO, OR	AS A CONSEQUENCE OF			
SURIAL EX.			(c)				
AL RECORDS, 301 W. PRES OULD BE EXECUTED WITH O'PENDING" IN PENCIL II IFF MEDICAL EXAMINER SISED AS A BURIAL-IRANS, F HEALTH AND MENTAL P. CREMATION, OR REMOV.	NOI	PART 2 DIREK SIGNIFICANT COM	ADITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEAS	E DR (DNDITION GIVEN IN PAR	(T 1 (o).	
ALRE HOULD TO WEE WEE WEED OF HE L.CRE	CERTIFICATION	196. DATE OF OPERATIO	196. CONDIT	TION FOR WHICH OPERATION W	'AS PERFORMED?		20 AUTOPSY?
2 784703/	TIE				MENT FOR		YES NO X
OF V AFN BUR		210. EXTERNAL CAUSE VI		MONTH DAY YEAR	OW INJURY OCCURRED	CENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
ON THE THE TON	CAL	CONTRIBUTING CAU		. 19			
DIVISION OF VIT IIS CERTIFICATE SH WRITING THE WOR MORDED TO THE C GE 3 SHOULD BE TE DEPARTMENT OF	MEDICAL	21d. INJURY OCCURRED WHILE DOT WH	CORET FACT		CATION	CITY OR TOWN	COUNTY STATE
DI: THIS C E, WRIT RWARD PAGE STATE (	~	AT WORK AT WORK	ILE				
<b>∞</b> ⊢ ∩ ~		220. I certify that I too	k charge of the remains des	cribed above, held an Autop	sy , Inspection	Inquiry . ond in m	ny opinion
#8 0 E 9		death resulted from:	Natural causes	Accident , Suicide	, Homicide .	Undetermined manner .	
EXAMII CERTIFIA DIREC BE DIRECT WITH I	100	1	10	0	TIME (SPECIFY)		
WAY VAN		ACTUAL SIGNATURE	equals for	Johnson "	Meruly	MEDICAL EXAMINER SI	ATE 6-17-79
SH SH		n	1. 6	011.0	1-1	D 1 01 1	2
MED COUT SE 4 FUN FUN TIMO		(TYPE OR PRINT)	chus to P.	Kogriguez	ADDRESS 50091	Cayminet, (	amp Trues
PACTO AFT	23o.B	URIAL, CREMATION, REMO	DVAL TIL DATE	THE NAME OF CEMPTER) O	R CREMATORY	23d. LOCATION AL	DUNIS 003 11
1000		Burial	6/21/79	Maryland Nati	onal Cemete		Co. Maryland
DHMH-17 20M T/73 (VR A15 MF (5))	24. F	NAME NAME	AUDDECC			REC'D. BY REGISTRAR 256. REGISTRA	
( 210 me (0))	Ch	ambers Fune:		erdale, Marylan	ıd	JUN 2 8 1979	intry Mc Credy
TO MEDICAL E TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL O SALTIMORE, MA BALTIMORE, MA	24. F	URIAL, CREMATION, REMO PECIFY Burial UNERAL DIRECTOR NAME	OVAL THE DATE 6/21/79 ADDRESS	Maryland Nati	onal Cemete	REC'D. BY REGISTRAR 256. REGISTRA	
	C.	lambers rune	rai nome kiv	eruale, marylan	ia I	JUN 2 8 19/9 - A	my your



DEPARTMENT OF HEALTH AND MENTAL HYGIENE (3)

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	1	
	1. DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
1	Zora	Elizabet	th B	rightwell	June	23 79	10:24M
1	3 SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
1	Female	CAUCASIAN	10	2 190	0 78	YRS	HOURS MIN.
1	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	BALTIMORE CITY OR CO	UNTY OF DEATH	
1	MARYLAND	US	WIDOWE	DIVORCED [		PG	MD.
3	CLINTON	11. NAME OF HOSPITAL, NU. (IF NOT IN SUCH FACILITY, GIVE ST  Southern Md.	TREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSE KEEPER	(ING LIFE) INDUSTRY	OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OF		OWN	134 INSIDE CITY LIMITS	? 130 STREET ADDRESS ARMORY ROAD		
1	ROBERT	PARD	OE	15. MOTHER'S MAIDEN  LAURA	NAME , MIDDLE	BUĈ	KLER
	160 WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES. GIV	E WAR OR DATECT	SECURITY NO.	17 INFORMANT	ADDRESS	BOX 4444	
-	NO -	215-3	8-3440	WALTER R. E	BRIGHTWELL / PR	. FRED. M	D.
		DUE TO OR AS FOR	buend or	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	N GIVEN IN ART 1	(a)
2	CERTIFICATION  THE DATE OF CHERTON  THE DATE OF CHERTON	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMELY	INC	IF YES, WERE FINDS	
	ZIL ALZIDINI WAS PACIENTING T	21b. TIME OF INJURY	cous	121 HOWINGER OF	YES NO PRED (ENTER NATURE OF INJURY IN ITE	YES 🗌	NO 🗆
	and conference states at the state of the	HOUR A.M. MONTH		THE HOLD HADDEN OCC	PERCED (ENTER NATURE OF INJURY IN THE	MIB. PART   OR PART 2)	
1	AEDICA MAINE CONTRACTOR AND	P.M. 21e PLACE OF INJURY	19	21f. LOCATION			
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		ottended the deceased from the bar of death.		nd that in (my) ( apini	an death accurred an the dote an	d haur and fram the	, that (1) (we) last e causes stated
1	226 SIGNATURE  126 PHYSICIAN'S NAME (TYPE C	d-Lous	M	ATTENDING PHYSICIAN	STAFF DIRECTOR PHYSICIAN	12	23-79
	WAY S	. FYON	5	277.5	.WASH ST	ALEX	VA
	230. BURIAL, CREMATION, REMOVAL (SPECIF BURIAL)	JUNE 26,1979	VESLE	EMETERY OR CREMATOR Y METH. CEM	23d LOCATION CITY OR TOWN PR. FRED	CALVERT	STATE MD.

DHMH - 16 60M 1/75 (VR A 15 (4))

injury, ar ather troum

with the State Dept. of Health and Mental Hygrene prior to burrol, cr

MPORTANT: # Hem 21 is marked ar Hem 18 shaws any

NO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN: The

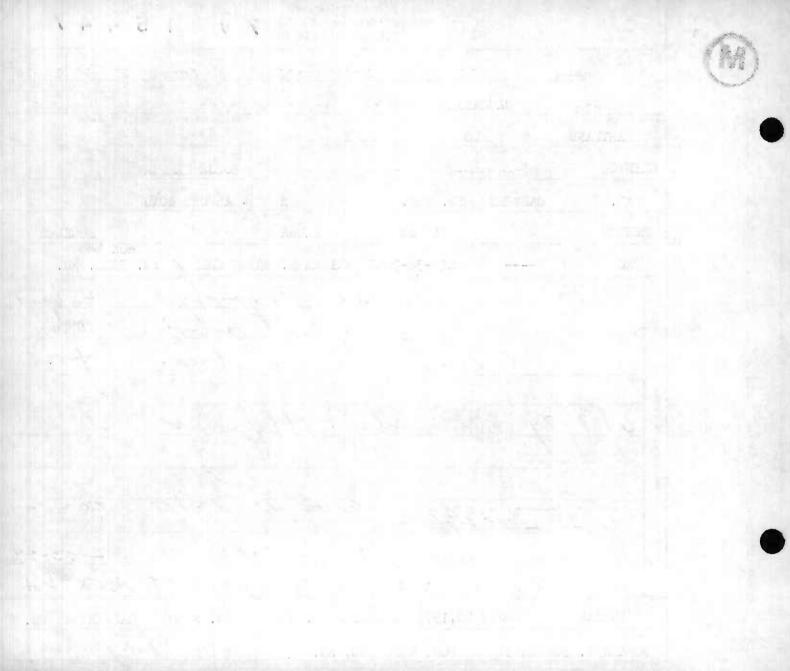
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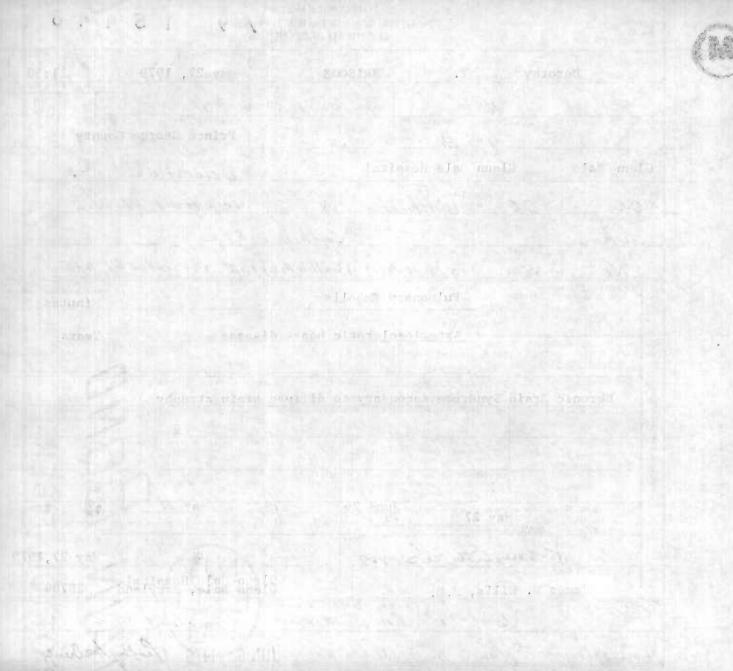
24. FUNERAL DIRECTOR
DONALD V. BORGWARDT

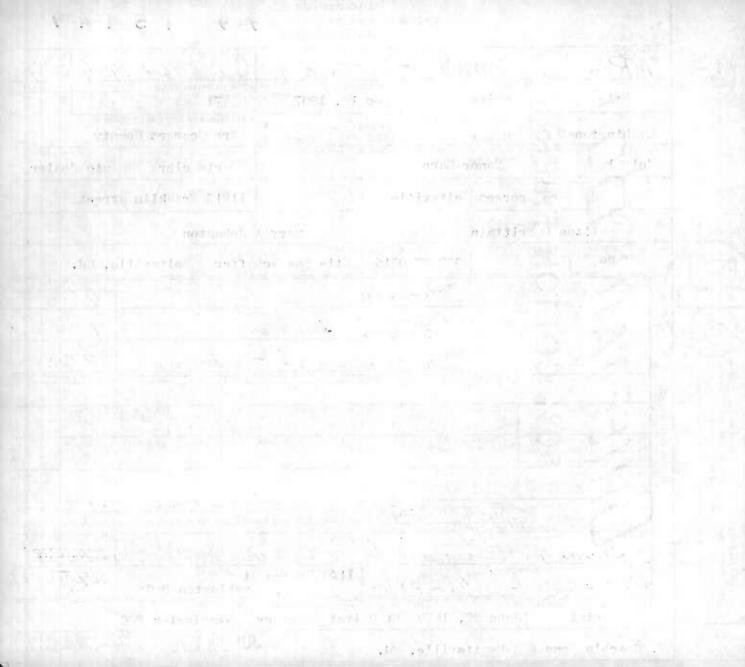
FOR

PORT REPUBLIC, MD.

MD.







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1	Bu		
1	-		

medical examiner must be notified at once.

injury, ar other traumatic event, the

should be detached for use as the burial-tronsit permit. Then please remove carban pape with the State Dept. of Health and Mentol Hygiene prior to burial, cremotion, or removol.

MPORTANT: If them 21 is morked or Item 18 shows any

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE

5	4	5	
		- 4	6

REGISTRAR		CERTIE	TICALE OF DEATH	REG. NO.		1 100
I DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONT	H DAY YEAR	2b. HOUR
	n Wason H	Bruce		ne ne	5-18-79	5.30P.M
3 SEX	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		
Male	White	Jun	ne 18,1979		MONTHS DAYS	HOURS MIN
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT C		D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
Maryland	USA	WIDOW		PRINCE GEORGE	E'S COUNTY	MD.
10 CITY OR TOWN OF DEATH CHEVERLY	LIE NOT IN SUCH SACILITY	CINE STREET ADDRESS)	RAL HOSPITAL	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUSTRY	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESID			110110	1.	ione
	~	aurel	13d. INSIDE CITY LIMITS? YES K NO	13e STREET ADDRESS 14819 Bowie	Rd.	
14 FATHER'S NAME FIRST Robert	J. Bruce	e LAST	15. MOTHER'S MAIDEN NAM FIRST Y U	Yumei	Bruce	ST
160. WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOC	CIAL SECURITY NO.	17 INFORMANT	ADDRESS		
No	WAR OR DATES)	none	Robert J. B	ruce (Father)	same as	blk 13e
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT COUNTY OF THE COUNTY	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBU  198. CONDITION FO	ONSEQUENCE OF  ONSEQUENCE OF  TING TO DEATH BUT  OR WHICH OPERATIO	N WAS PERFORMED	NAL DISEASE OR CONDITIO	IF YES, WERE FINDI CERTIFYING CAUSES	NGS USED
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
OR COM INIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
22a.1 certify that (1) (this hospit saw the deceased alive an abave, (1) (we) (did) (did no	6/18	19 79	, 19 7 9 nd that in (my) (our) opinion d	eoth occurred on the date or		that (I) (we) last couses stated
22b. SIGNATURE		7	DEGREE			SIGNED
Tuth of.	Reerman	NUMP	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	6/1	9/79
274. PHYSICIAN'S NAME (TYPE OF	PRINT)		22e ADDRESS			
	cerman M.			neverly, Mar	yland	
230. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	LOUNTY	STATE
Burial	6/25/79	Ft. Li	ncoln Cem	Brentwood	P. G.	Md.

DHMH - 16 60M 7/73 (VR A 15 (4))

Francis Gasch's Sons, PA Hyattsville, Md.

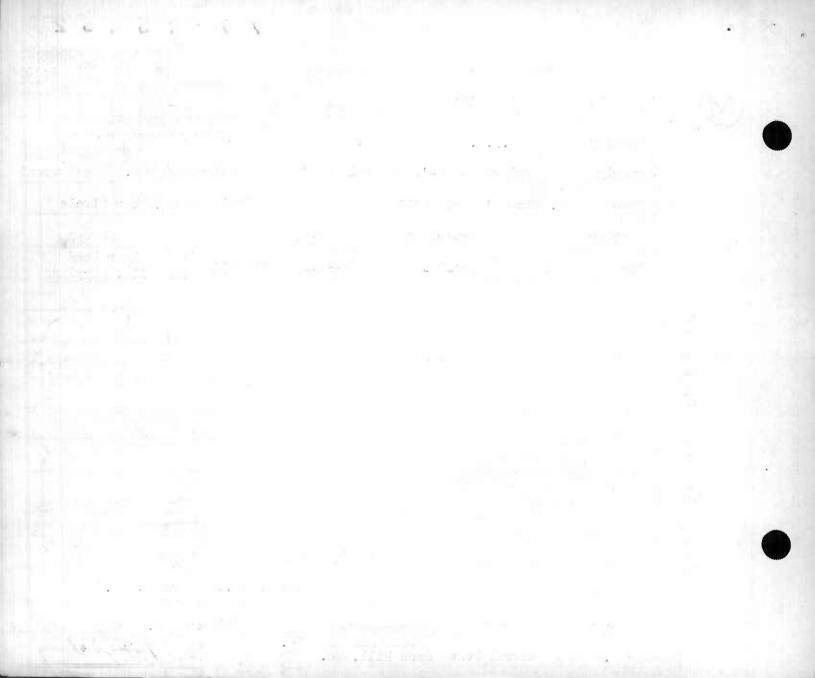
"JUN 2 2 1979

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		1	FOR STATE REGISTRAR			DE	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH	HYGIENE	9 REG.	NO.	5 4	5	2		
_	m <del>c</del>	1. DE	CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	2e C	ATE OF DEATH	-			26. HOUR		
	oge 3			FR	ED	<u> </u>		BRUECKNER			06	04	79	7:10 <sub>M</sub>		
	(M)		Male Male		4 RACE	White	S. DATE	OF BIRTH TH OAY YEAR	12		66 YRS	# UNDER	OAYS	IF UNIDER 24 HRS HOURS MIN		
0	funerol of thin 72 to	7e. B	IRTHPLACE (STATE OR FO OUNTRY)  Kentucky	REIGN		OF WHAT COU	MARRI WIDOW	ED NEVER MARRIED		PRINCE	_			ΓY <sub>MD</sub>		
5	by the functiled of	10.0	ITY OR TOWN OF DEA Cheverly	тн	(IF NOT IN	SUCH FACILITY, GIV	E STREET ADDRESS)	or other institution eral Hospita	(TYPI	USUAL OCCUPA E OF WORK FOR MOS Restaur	T OF WORKING	LIFE) INDI	USTRY	BUSINESS OR taurant		
BALTIMORE, MARYLAND 2120	filled in ould be must be	Ma.	AL RESIDENCE (# NURSI STATE ryland	13K COUN	other institut ITY George	13c CITY O		13d. INSIDE CITY LIMIT	TS?   13e	STREET ADDRES L204 Swa	s nn Ha	rbor	Circ	cle		
MARYL	ompletely ond 2 sh	14 F.	ATHER'S NAME Arthur	٨	MIDDLE	Brue	ckner	15 MOTHER'S MAIDER FIRST . Ella	N NAME	MIDDLE		1	Foley			
IMORE,	Poges medicol	160	WAS DECEASED EVER YES, NO OR UNKNOWN) Yes	WWII	MED FORCE: WAR OR DATES	)	L SECURITY NO. L2-4049	Barbara I	Martin	nelli (	226 P xon H	ill.	Mary	rland		
. ST.,	jures that the death certificate a signed by the attending physician hen please remove carbon popers of burial, cremation, or removal.	6 phread	Conditions, if ony, gave rise to immr couse (o), stating underlying cause	AS CAUSEI IMMEDIAT which nediote g the lost	D BY. E CAUSE (o)  DUE TO  (b)  DUE TO	O, OR AS A COM	ISEQUENCE OF	T NOT RELATED TO THE	TERMINAL	DISEASE OR CO	ONDITION C		34	ATE INTERVAL USET AND DEATH		
AL RECORD	on.  hos been s it permit. The lene prior to lows ony injury.	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1576 COVER OF MAN											WERE FINDINGS USED ING CAUSES OF DEATH?		
ON OF VIT	iding physic is certificate burial-trans Mental Hyg or frem 18 sh	MEDICAL CER	218 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEA	TH HOUR	E OF INJURY A.M. MONT P.M. CE OF INJURY	H DAY YEAR	211 LOCATION	CCURRED (							
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	Incorporate Controlled to the Manager of the Manage	red C	22a. I certify that (I) sow the decease above. (I) (well d 22b. SIG. HAT URE  22d. PHYSIC AN'S NA	d olive on,	5-	18	19.79.	DEGREE ATTENDIN PHYSICIA 22e ADDRESS	NG ME	DICAL ST	TAFF SICIAN []	220	DATES	IGNED		
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12	BP	23a.	BURIAL, CREMATION, I	REMOVAL	23b. DATE	,		CEMETERY OR CREMATO	ORY 23	Clintor	Pr.	Geor	rae	STATE M mrl or		
		24. F	Burial UNERAL DIRECTOR		1.0/1/		Resurr	xon Hill Ra	DATE REC	D. BY REGISTRA	AR 25b. REG	ISH AR'S S	IGNATU	Marylar		
	DHMH-16 20M (VRA 15, 4) 7/7B	Ge	orge P. Ka	las F	unera			il. Md.	JUN	D. BY REGISTRA	1	roppy	NE	mody		

ACORESS 6160 Oxon Hill e Oxon Hill, Md.

George P. Kalas Funeral Home



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## STATE OF MARYLAND

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		11-	FOR STATE			DEPARTMENT	OF HEALT	H AND MENTA	IL HYGIEN	W	5 4	5 4		
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	世界日本国の方	PO	W. Va		Ţ	JSA			ORCED	Prince	George	County	<b>J</b> M	
	5 # K m - -	10. CI	TY OR TOWN	OF DEATH	11. NAME OF H	OSPITAL, NURSING H	OME, OR OT	HER INSTITUTION	120. USU	JAL OCCUPATION (1	TYPE OF WORK 1	26 KIND OF B OR INDUS	USINESS	
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	CREATE A	18	19a. DATE OF	OPERATION	19b. CON	DITION FOR WHICH	OPERATION \	WAS PERFORMED?				20. AUTOPS	Y?	
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DIVISION	S S S S S S S S S S S S S S S S S S S	ED	21d. INJURY			E OF INJURY (AT HO	ME, 21f. LC	OCATION STREET		CITY OR TOWN	COUN	NTY	STATE	
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	MER DE A		(TYPE OR PRI	NT) Virg	inia L.	Dolan, M.I	D.	ADDRESS 1	11 Penr	Street,	Balto.	MD 212	201	
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DHMH - 17 (VR A15 ME (5)) 15M 7/76

Francis Gasch's Sons, Pa Hyattsville, Md.

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uneral direction 72 hours	≱o BII	Male RTHPLACE (STATE OR FOREIGN UNTRY)  Maryland	Caucas: 76 CITIZEN OF W		09 14 05  **MARRIED NEVER MARRIED    WIDOWED DIVORCED	9 BALTIMORE CITY C	YRS   DR COUNTY OF DEATH	MD.
by the full halfilled with		inton	(IF NOT IN SUCH	FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS) TYLAND HOSPITAL	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired	ION 12b KINI	D OF BUSINESS OR
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E, MARYLA completely lond 2 sh	14 FA	THER'S NAME FIRST  James	Willia	m Burr	oughs Mary	Jane	Thom	pson
on ond co		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GP	RMED FORCES? VE WAR OR DATES)	213-22	urity no. 17 informant -1020 Martha R.	Burroughs	Hollywood	od, Md.
RESTON ST., BAL death certificate to thending physici nove corbon poper ation, ar removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate	ATE CAUSE (a)	AS A CONSEOU	and MITCS	/	BETWE	ÖXIMATE INTERVAL EN ONSET AND DEATH
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VISION OF VITAL RECORDS, 201 W. PI G PHYSICIAN: The low requires that the strending physicion.  In this certificate has been signed by the the burial-transit permit. Then please rem and Menial Hygiene prior to burial, crem ked or item 18 shows any injury, or other it	MEDICAL CERTIFICATION	COUSE 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DIE EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	CONDITIONS CO.  196 CONDIT	NTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER  H OPERATION WAS PERFORMED  21c. HOW INJURY OCCU AY YEAR 19 21f LOCATION	200 AUTOPSY?	20b IF YES, WERE FIN IN CERTIFYING CAUS YES TEN TEM 18, PART 1 OR PART 2	DINGS USED SES OF DEATH? NO
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STATE OF MARYLAND

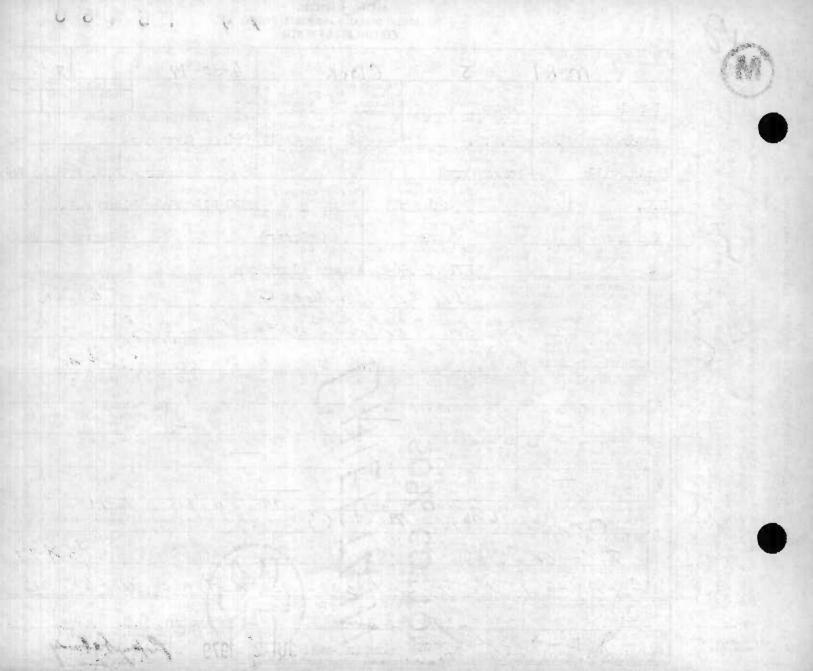
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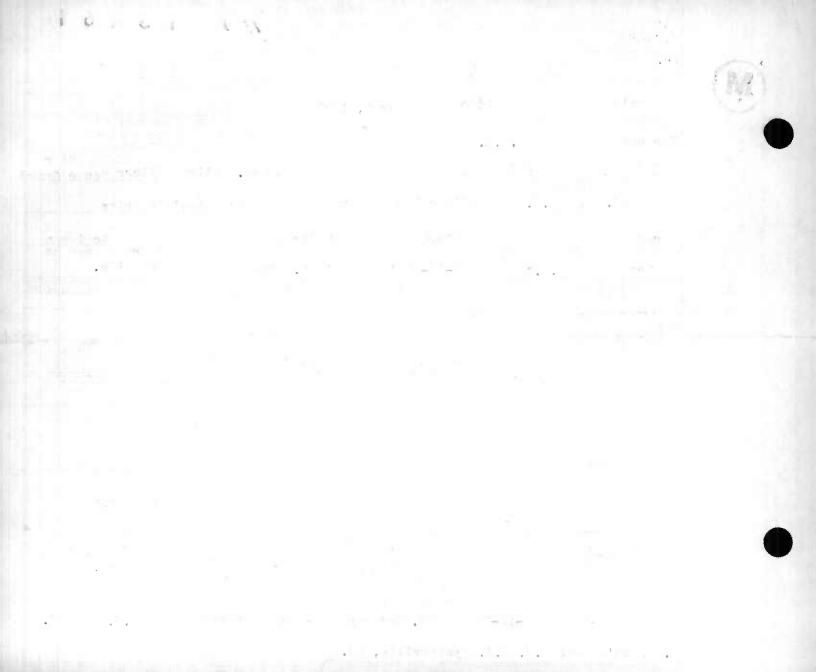
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	I. DE	CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST		20 DATE OF DE	EATH M	ONTH D	DAY YEAR	2b. HOUR
		WARREN		HARI	DING	CAP	LINGER		June	11,	197	9	11:50pm
	3. SE	(		4 RACE		5. DATE	OF BIRTH	EAR	& AGE (IN YEARS	LAST BIRTHD		IF UNDER I YE.	
(NA		Male		White			ust 11, 19		55		YRS	CONTROL DAT	TS FIGURE
11.1	7a BI	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUN	TRY?	D NEVER MARRI	IED [	9 BALTIMORE	CITY OR	COUNTY	OF DEATH	
1/3		irginia		U.S.A		WIDOW	_		Pr. C	ieo.	Co.		MD.
9	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NU		OR OTHER INSTITUTE	ON	12e USUAL OC			12h. KINE INDUSTR	D OF BUSINESS OR
0 = - / /		Lanham			Pr. Geo. Doctor's Hospital					Mech			Phone Co.
		AL RESIDENCE (IF NURS TATE Md.	136 COUN P.G.	OTHER INSTITUTION		BEFORE ADMISSION)			13e. STREET ADI	DRESS			
	14 FA	THER'S NAME					15 MOTHER'S MAIL			LACID	20 00	-	
exomination of	J	ohn		AIDDLE	Capli		Frances		· A	V.	n.d		Robev
	16a. V	AS DECEASED EVER	IN U.S. ARA	MED FORCES?		SECURITY NO.	17 INFORMANT				s Addr		ame as
medicol	()	es, no or unknown) Yes	(IF YES, GIVE	• II	577-26	5-8177	Helen M.	Capl	linger			13e.	
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hem 18	MEDICAL CE	? 18. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	CAUSE OF DEAT	TH HOUR A.	м. моnth м.	DAY YEAR	21c HOW INJURY	OCCURRE	ED (ENTER NATUR	E OF INJURY	IN ITEM 18, PA	ART 1 OR PART 2	2)
olth ond M. marked or	MED	214 INJURY OCCURE	HILE C	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATION STREET		CI	TY OR TOWN		COUNTY	STATE
of He 21 is		220.1 certify that (I) sow the decease above, (I) (wood)	d alive on	JUND	//	76	nd that in (my) (	0pinion d	. 10 37 37	NE //	ond hour	_	
ote Dept		276. SIGNATURE	256.	Bio	wer	the	rnisk	DING	MEDICAL DIRECTOR	STAFF PHYSICIA	N []	6/1	2/79
with the Sto		AMES	A. E	BROW	w de	6	27. ADDRESS	XATT	BELGE	est	120	0782	
· · · ·	23e B	Buria		23b. DATE 6-14-	79		latl. Cemet		23d LOCATION CITY OF TO Suit!	WN	è	G.G.	Md.
	24. FL	INERAL DIRECTOR						250. DATE			b. RECOM		
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DHMH - 16 50M 1/76 (VR A 15 (4))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Robert G. Beall Funeral Homeograss 9013 Annapolis Road, Lanham, Maryland

250. DATE REC'D. BY REGISTRAN 25b. RECURRALS SIGNAUBLE OF THE STATE OF

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/78

DECEASED NAME   1983   MADDIE   LAST   ROOTH   DAY YEAR OF BEST   THE OF BIRTH   MADDIE   DAY YEAR OF BEST   DATE OF BIRTH   DAY YEAR   DAY Y	24 HOLE PLANTS
S DATE OF BIRTH   DAY YEAR   B. AGE INVERSE   BUNDER 1 VER   DATE   DATE   MONTH DAY YEAR   DAY YEAR   DATE   DATE   DATE   DATE   MONTH DAY YEAR   DATE   DATE   DATE   DATE   MONTH DAY YEAR   DATE   DATE   DATE   DATE   MONTH DAY YEAR   DATE	24 HOLE PLANTS
Male negro   New York   Service   New York	ME DE LA LEST CONTRACTOR DE LA LEST CONTRACT
16. BISTHPLACE   STATE OR   15. CHTZEN OF WHAT COUNTRY?   18. MARRIED   NEVER MARRIED   STATE   19. BALTIMORE CITY OR COUNTY OF DEATH   11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   178. USUAL OCCUPATION (ITY OF WORK)   178. KIND OF DEATH   11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   178. USUAL OCCUPATION (ITY OF WORK)   178. KIND OF DEATH   18. CHOSPITAL, NURSING HOME, OR OTHER INSTITUTION   178. USUAL OCCUPATION (ITY OF WORK)   178. KIND OF DEATH   18. CHOSPITAL, NURSING HOME, OR OTHER INSTITUTION   178. USUAL OCCUPATION   178. WIND OF DEATH   18. CHOSPITAL, NURSING HOME, OR OTHER INSTITUTION   178. WIND OF DEATH   18. STATE   18. CHOSPITAL, NURSING HOME, OR OTHER INSTITUTION   178. WIND OF DEATH   18. STATE   18. CHOSPITAL, NURSING HOME, OR OTHER INSTITUTION   178. CHOSPITAL HOME, OR OTHER HOME, OR OTH	ME JSINESS RY
TOREIGN COUNTRY   WIDOWED   DIVORCED   Prince George's County   The City or town of death   II. Name of Hospital, Nursing Home, or other institution   Ital usual occupation (the or work of its North such facture, or street aloness)   Ital usual occupation (the or work of its North such facture)   Ital usual occupat	P D
I. AAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   IZE USUAL OCCUPATION (TYPE OF WORK IND OF OR INDUSTRIAL OCCUPATION (TYPE OF WORK IND OF OR INDUSTRIAL OCCUPATION (TYPE OF WORK INDOOR OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION)   IZE OF INDUSTRIAL RESIDENCE (IF IN INJUSTING OF THE INSTITUTION OF RESIDENCE BEFORE ADMISSION)   IZE OF INJUSTRIAL OCCUPATION (TYPE OF WORK INDUSTRIAL OCCUPATION (TYPE OF WORK IN	P D
Cheverly Prince George's General Hosp. (DOA)  FOR MOST OF WORKING LIFE)  USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 STATE  1136 COUNTY  1136 COUNTY  1137 CITY OR TOWN  1137 CITY OR TOWN  1137 CITY OR TOWN  1138 CITY OR TOWN  114 FATHER'S NAME  115 MOTHER'S MAIDEN NAME  116 WAS DECEASED EVER IN U.S. ARMED FORCES?  116 WAS DECEASED EVER IN U.S. ARMED FORCES?  1175 NO. OF INNOWN)  118. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY.  119 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY.  119 DUE TO, OR AS A CONSEQUENCE OF  119 DUE TO, OR AS A CONSEQUENCE OF  119 DUE TO, OR AS A CONSEQUENCE OF  119 DATE OF OPERATION  120 DATE OF OPERATION  121 DATE OF OPERATION  121 DATE OF OPERATION  122 DATE OF OPERATION  131 DATE OF OPERATION  132 DATE OF OPERATION  134 INSUE CITY LIMITS?  135 STREET ADDRESS  136 DATE OF OPERATION  136 DATE OF OPERATION  136 DATE OF OPERATION  137 DATE OF OPERATION  138 DATE OF OPERATION  139 DATE OF OPERATION  140 DATE OF OPERATION  150 DATE OF OPERATION  151 DATE OF OPERATION  152 DATE OF OPERATION  153 DATE OF OPERATION  154 DATE OF OPERATION  155 DATE OF OPERATION  156 DATE OF OPERATION  157 DATE OF OPERATION  158 DATE OF OPERATION  159 DATE OF OPERATION  150 DATE OF OPERATION  150 DATE OF OPERATION  150 DATE OF OPERATION  151 DATE OF OPERATION  152 DATE OF OPERATION  153 DATE OF OPERATION  155 DATE OF OPERATION  156 DATE	D (E INTÉRVAL
13   STATE   13   13   13   13   13   13   13   1	D
I. S. MOTHER'S NAME   I.S. MOTHER'S MAIDEN NAME   I.S. M	D
The contribution   The contrib	
(YES, NO, OR JUNKNOWN)  (IF YES, GIVE WAR OR DATES)  (IF	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:  Acute phenobarbital intoxication    Acute phenobarbital intoxication	
PART I DEATH WAS CAUSED BY:  Acute phenobarbital intoxication    MAMEDIATE CAUSE (o)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Ig.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Ig.  19a. Date of operation  19b. Condition for which operation was performed?  21d EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING OR CAUSE OF DEATH  19. M. MONTH DAY YEAR  11d PLACE OF INJURY  12d PLACE OF INJURY  11d PLACE OF INJUR	
Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II G  19a. Date of Operation  19b. Condition for which operation was performed?  21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR PART 2  17b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.  21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)  17g Steel doverdose of drugs	
GOVE rise to immediate couse (a) stating the underlying couse lost.    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?    210 EXTERNAL CAUSE WAS	
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO  190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210 EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING OR  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO  210 AUTOPS  YES  211 INCOMPRESS  110 EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTION OF INJURY  P.M. TO THE TOP OF INJURY  HOUR A.M. MONTH DAY YEAR  111 INCOMPRESS  112 INCOMPRESS  113 INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  114 INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)	
196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210 EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING OR  P.M. MONTH DAY  YEAR  211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  Ingested overdose of drugs	
UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 6/17/19 Ingested overdose of drugs	
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UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 7 P.M. 6/17/19 Ingested overdose of drugs	110 []
214 IN HIRV OCCUPRED 216 PLACE OF IN HIRV (47 HOUS 211 LOCATION	
STREET, FACTORY, FARM ETC) STREET CITY OR TOWN COUNTY	
WHILE AT WORK	Md.
The reality mat riot change of the reliables described above, need on	
ACTUAL SIGNATURE DATE 6-19	
SIGNATURE	-79
(TYPE OR PRINT) Ann M. Dixon, M.D. ADDRESS 111 Penn St.	<b>-</b> 79
33. MIRIAL CREMATION REMOVAL 235 DATE 22, NAME OF CREMETERS OR CREMATORY 1236 LOCATION	<b>-</b> 79
6-21-79 Hunnary Huhland PK Mil	<b>-7</b> 9

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN 2b. HOUR MONTH (TYPE OR PRINT) DEATH MATED June 5 R. Crane Donald DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED WITHIN 72 10. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? BAN IMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY West Virginia U.S.A. WIDOWED DIVORCED FILED, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! U.S. Army ORINDUSTRY Military-Ret. Prince George's General Hospital Cheverly BE USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Maryland r. George's Camp Springs 13d. INSIDE CITY LIMITS? 13.6350 Maxwell Drive Pr. PAGES 1 AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME OES 1. MICOLE LAST MIDDLE Comb Lucille Crane Lawrence 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO 6305 Shirley Drive (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Barbalou C. Foley Ft. Worth. Texas 375-12-9670 WWII Yes - Korea 18 CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY ander Vas cules direa BURIAL-TRANSIT PERMIT IMMEDIATE CAUSE DIVISION OF VITAL RECORDS, 301 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) K CERTIFICATION USED 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [ NO [ BE DEPARTMENT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 213 220. I certify that I took charge of the remains described obave, held an Autopsy Inspection ond in my opinion Undetermined monner death resulted from Notural coures Accident Suicide Homicide EXAMINER'S HAM COOR 6442 TYPE OR PRINT 23d. LOCATION 23c, NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Arlington National Cem. Buria DHMH-17 20M 1/73 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd 250, DATE REC'D. BY REGISTRAR 256, REGISTRAS SIGNATURE (VR A15 ME (5)) George P. Kalas Funeral Home 1979 Oxon Hill. Md.

STATE OF MARYLAND

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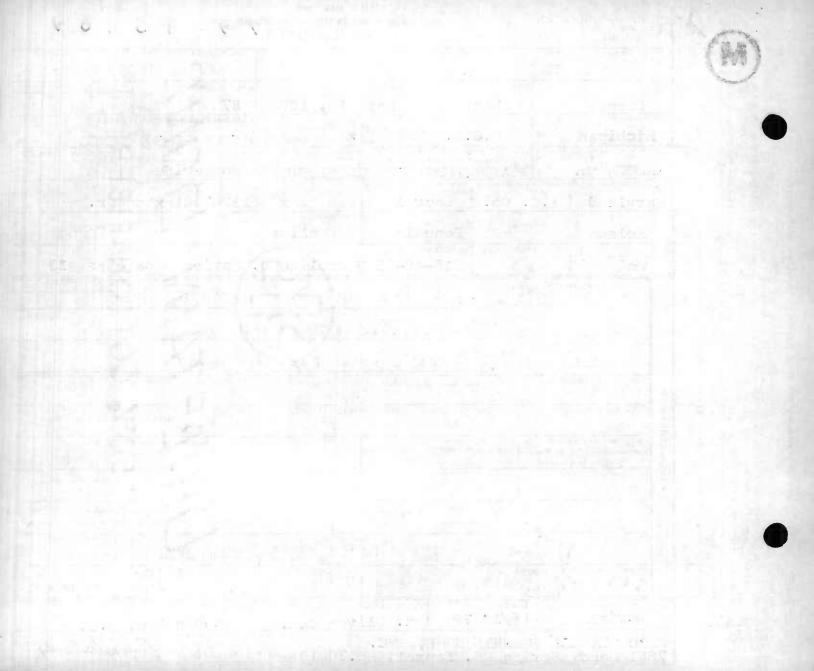
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7601 Sandy Spring Rd. Laurel, Md. 20810

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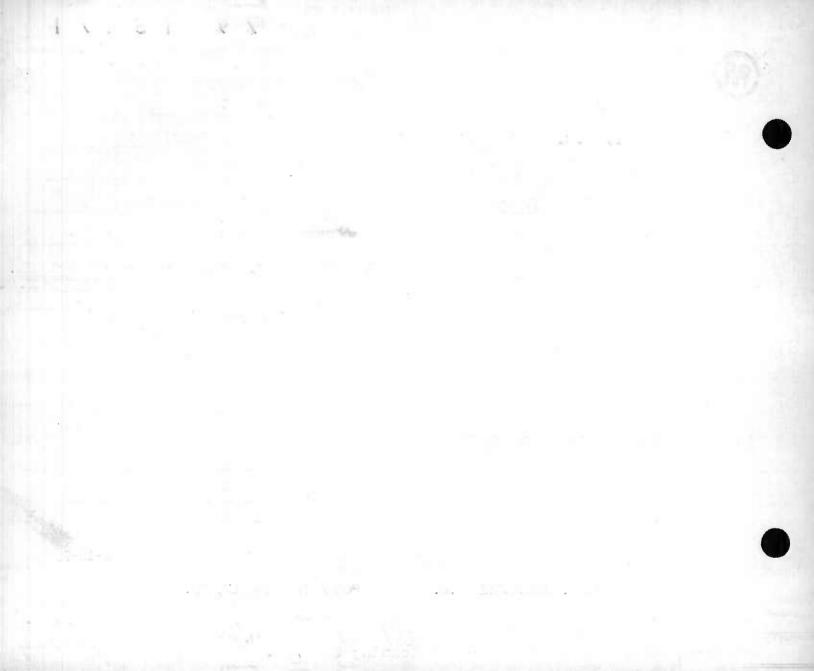
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



F	FOR 1 - STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG	ENE G [ E	470
6	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
(34)	DECEASED NAME FIR	T MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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1 1	3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR   IF UNDER 24 HRS
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Po Poor	TO BIRTHPLACE ISTATE OF FOREIGH		Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
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with with	M. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION	G LIFE) INDUSTRY
S of	Clinton			Retired	Rail Road
hour hour	USUAL RESIDENCE (IF NURSING H	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	12. STREET ADDRESS	
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in de co	168 WAS DECEASED EVER IN U	S GIVE WAR OR DATES!	CURITY NO 17 INFORMANT	ADDRESS	
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Hy his or	(IF EITHER, NOTIFY MEDICAL EXA	21e PLACE OF INJURY	211 LOCATION	CITY OF TOWAL	CALLEY
or often After the eos the olth and	WHILE NOT WHILE [	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.	CITY OR TOWN	COUNTY STATE
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ATTEN Spirtol CTOR I for to He. t. of He	saw the deceased al	ve on 6-13 19	77, and that in (my) (our) opinion d	leath accurred on the date and	haur and from the causes stated
P P P P P P P P P P P P P P P P P P P	22b. SIGNATURE	did not) view the body after death.	DEGREE		22c. DATE SIGNED
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L D S S Z	22d. PHYSICIAN'S NAME	TYPE OR PRINT)	22e ADDRESS	DIRECTOR FITTSICIAIN	
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136. STATE   136. COUNTY   136. CITY OR JOWN   136. INSIDE CITY LIMITS?   136. STREET ADDRESS   611 Pearse Lane     14. FATHER'S NAME   Ham Test   Dozier   14. ST   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   16. STATE   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   166. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   18. SOCIAL SECURITY NO.   18. CAUSE OF DEATH   ADDRESS   NO.   18. INFORMANT   ADDRESS   NO.   18. INFORMANT   NO.   18. CAUSE OF DEATH   18. PART 10. OR AS A CONSEQUENCE OF   18. INFORMANT   18. CONDITION FOR WHICH OPERATION WAS PERFORMED   18. AUTOPSY?   18. INFORMANT   18. PART 10. OR AM. MONTH   DAY YEAR   18. INFORMANT   18. CONDITION SCONTAINED   18. CONDITION SCON	and with		ITY OR TOWN OF DEATH	( IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF W	ORK EOR MOST			F BUSINESS OR
186 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   186 SOCIAL SECURITY NO.   18 CAUSE OF DEATH (Enter only one couse per line for (T)(b), and (L)   APPROXIMATE INTEVAL NO.   18 CAUSE OF DEATH (Enter only one couse per line for (T)(b), and (L)   APPROXIMATE INTEVAL NO.   18 CAUSE OF DEATH (Enter only one couse per line for (T)(b), and (L)   APPROXIMATE INTEVAL NO.   18 CAUSE OF DEATH (Enter only one couse per line for (T)(b), and (L)   APPROXIMATE INTEVAL NO.   18 CAUSE OF DEATH (L)   APPROX	Sust be	13a.	STATE 136 CC	YTAUC		M 134. IN		s?  13. STRE	et address Pear	se <b>L</b> ai	ne	
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sow the deceased alive on	P DHMH-16 20M RA 15, 4) 7/78	24. F	uneral director tewart Fune	ral Hom	Slew	WII	Road, N	DATE WERE	1 9 8 199°	-	R'S SIGNAT	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN . DECEASED NAME FIRST 25 HOUR (TYPE OR PRINT) OF ESTI-Julia Elizabeth Dove 1719 79 6 AGE (IN YEARS IF UNDER 1 YR. 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS DATE NOON LAST BIRTHDAY) PRONOUNCED 6 06 DEAD 10 17 19 79 12 M Female White 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! USA Maryland DIVORCED WIDOWED Prince George's County O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Retired 6425 Allentown Rd. Drug Store Camp Springs USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 13g. STREET ADDRESS 13a. STATE Md. 13c CITY OR TOWN 136 COUNTY Pr. Geo. Camp Springs 6425 Allentewn Rd. YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE N OF VIT John Tiee Biggs Elizabeth Schroath 17. INFORMANT 16h. SOCIAL SECURITY NO ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? WITH FO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-03-1698A Rosie Biggs same as item 13 no none APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last SED AS A BUR F HEALTH AND CREMATION, ( PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE STATE X Autopsy 220. I certify that I took charge of the remains described above, held an and in my apinion Inspection Natural causes X Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) ACTUAL EXECUTE THE LE PAGE 4 SHOU TO FUNERAL DE AFTER DEATH, BALTIMORE, MA Assistant MEDICAL EXAMINER 6/18/79 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b. DATE Md. Suitland Burial Cedar Hill Cemetery DATE REC'D. BY REGISTRAR 256 REGIST 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) George P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md. 15M 7/76

5 Tr etired and the contract of the T. Co. T. Co. Market Carlotte dt or o th one 77-03-1693 crie i co da e da i don 13 teril (°C 7) secentil successive recome . Let e 6160 erem sirter. Pres Hill, in.

				STATE	OF MARYLAND			100 010	
_	1-	FOR STATE REGISTRAR	DEP		CATE OF DEATH	NE 9	5 4	13	
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entol Hyg Item 18 sh		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRED	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 O	R PART 2]	
cedor	MEDICAL	21d, INJURY OCCURRED  WHILE OF NOTWHILE OF	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	и со	DUNTY S	STATE
of He 21 is			ottended the deceased from the view the body ofter death.	9 <u>79</u> , on	MSER, 1978 d that in (my) (our) opinion de	oth occurred on the do			toted
be detoched e State Dept. TANT: If Item		signature G	: Down	wo		MEDICAL STAF	F	6/3/7	9
should be dei with the State IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE O	BROWN 1	ns		BELRES M	7 2078	32	
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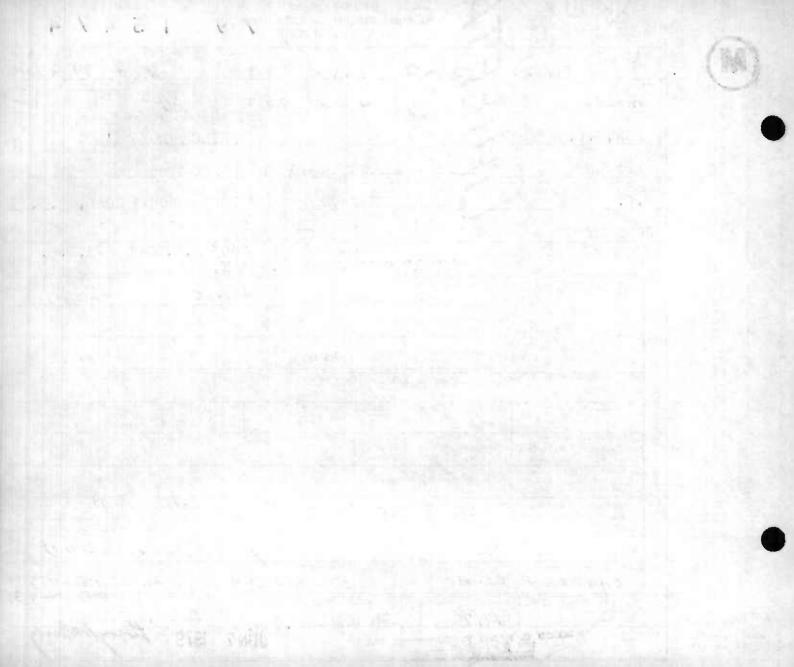
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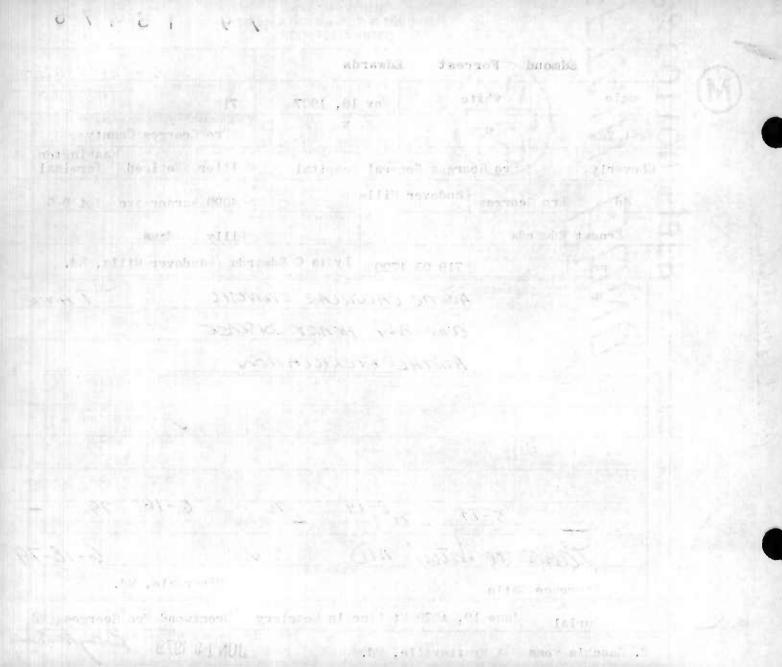
ter Dinard Tome Inc.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGUENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH DECEASED NAME EIRST MIDDLE 75 HOUR (TYPE OR PRINT) FDWARD 2:35 PM D450A ROBFRT 3 SEX RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH VEAD MONTHS DAYS HOURS BLACK MALE 93 To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CLINTON MARYLAND ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 43K COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS D.C. WASHINGTO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST 2605 MADERING AVE.D.C. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) RABY. ESQUIRE APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ARREST CARDIORES PIRATOR. MIMOTES DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF AS 140 underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO T nto! Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M He 21f LOCATION 71d. INJURY OCCURRED 21e. PLACE OF INJURY 0 STREET CITY OR TOWN AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) COUNTY STATE rked NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on and that in (my) (our) apinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED He ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 100 be deto FUNERAL MPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld 5 COLAO 3710 RIVIERA ST. MARLOW HEIGHTS CHARLES 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE BURIAL 24 FUNERAL DIRECTOR BOBERS Q. MASON PUNERAL PROME, LYC. DHMH - 16 60M 1/75 1661 GOOD HOPE RD. S.E. WASHINGTON D. C. 20020 (VR A 15 (4))

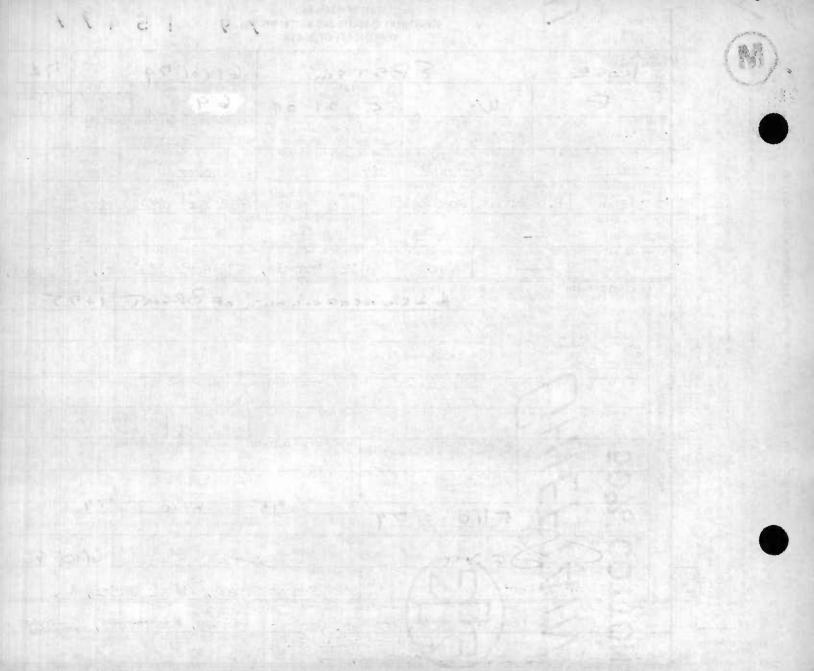


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( XX		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	R 26 HOUR
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Society Page 1		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COL	INTRY? 8	EDE NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	4
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours or ottending physician in the properties of the physician has been signed by the attending physician and completely filled in by as the buriod-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled in and Mental Hygiene prior to buriol, cremation, or removal.		PART 2 OTHER SIGNIFICANT	DUE TO OR AS A CON		renal?	alut d	and a	
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R ATTEND hospital o hospital o RECTOR. & red for use en 21 is m		sow the deceased alive or	at i view the body after death	Ratura	and that in (my) (our) opinio	in death occurred on the d	ate and hour and from	the causes stated
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5 ga 5 ga 💥 🕌	23a	BURIAL, CREMATION, REMOVAL		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
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14. FATHER'S NAME   MADLE   FUCHS   The state of the st	st be n	USUA 13a. S	AL RESIDENCE (JENURS	ING HOME OR O	THER INSTITUTION	130 CITY OR TOW	ADMISSION)	13d. INSIDE CI		13e. STREET ADDRESS	S	Home
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I  (d)  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  (d)  (d)  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  (d)  (d)  (e)  (e)  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  (d)  (d)  (d)  (d)  (d)  (d)  (d)  (d	nedical e	1Y				166 SOCIAL SECU	RITY NO.	17 INFORMAL	VT.			N
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21d. NUTURY OCCURRED  21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22a I certify that (I) (this hospital) attended the deceased from  saw the deceased alive an obove, (I) (we) (did) that not new the bady after death.  22b SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF	or uner 170		gave rise ta imm couse (0), statin underlying cause	nediate ig the last	DUE TO, O							
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STATE OF MARYLAND

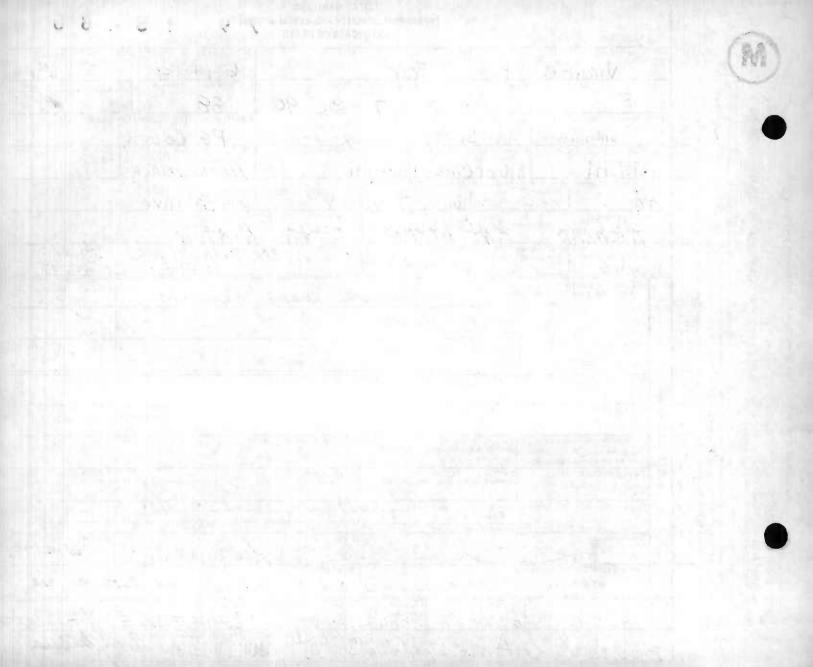
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OR A bost of the bost of the bost.		abave, (1) (we) (did) (did ni 22b. SIGNATURE	at) view the bady alter death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
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BP	13	URIAL DIRECTOR	6-18-79 F	ARR Cometery	CENTRE VILLA CE TE REC'D. BY REGISTRAR 256 REGIST	RAPIS SIGNATURE
DHMH - 16 60M 7/73 (VR A 15 (4))	7	Bernard (	J. Amesoness	IN ASSAS, YA.	JUN 1 9 1979 Lu	fry Malredy



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGYENE 🔾

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1 16		AS DECEASED EVER IN	U.S. ARMED F IF YES, GIVE WAR OF		166. SOCIAL SECURITY	NO. 17. II	INFORMANT SC	ON	ADDRESSO.	BOX	551	
		NO			578-10-1	3428	JOHN P.	FINZEL	HYATT	SVILL	E MARY!	LAND
	-	18 CAUSE OF DEATH PART I DEATH WAS	(Enter only one	couse per line	ar (a), (b), and (c).)	+		1 . 1		81	APPROXIMATE IN	ITERVAL ND DEATH
	9		MMEDIATE CA	USE (o M	terros elle	estro o	Condiov	KSULES	disc	are		
REMOVAL		4292	(	DUE TO, OR	AS A CONSEQUENCE C	OF.						
		Canditians, if an		(b)								
		cause (a) stating the lying cause last.	he under-	DUE TO, OR	AS A CONSEQUENCE C	F						
		7,,		(c)		Lalek.					7 1 61	
	,	PART 2 OTHER SIGNIFICANT C	ONOITIONS CONTRI	BUTING TO DEATH R	UT NOT RELATED TO THE TERMI	NAL DISEASE OR C	ONOITION GIVEN IN PART	1 (a).				
-	CERTIFICATION	19a. DATE OF OPERAT	ION	TIPL CONDIT	ION FOR WHICH OPERA	TION WAS P	PERFORMED?			120	, AUTOPSY?	
3	FIC	THE OATE OF OTERAL		178. CONDIN	ON TOR WITHOUT OF ERA	TION WAST	ERI ORIVIED.			5	-	[7]
-	ERTI	210. EXTERNAL CAUSE	WAS	21b. TIME OF	INJURY	I 21c HOW II	INJURY OCCURRED	(ENTER NATURE OF IN	URY IN ITEM 18 PAR	RT 1 OR PART 21	YES L	NO 🗌
5	AL C	UNDERLYING OF	R	HOUR A.M.	MONTH DAY YEAR			,				
	MEDICAL	CONTRIBUTING CA	D		FINJURY (AT HOME,	21f. LOCATI	ION					
	ME	WHILE NOT W	HILE	STREET, FACTO	DRY, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY		STATE
	0	AT WORK AT WO	RK									
		22a. I certify that I to	oak charge of t	he remains dosc	ribed abave, held an	Autopsy	, Inspection	Inquiry	J, and	in my opinior		
		death resulted fram:	A Natural co	ures .	Accident, Sui	cide,	Hamicide	Undetermined mo	nner,			
		ACTUAL	410.18	AL	Janes 1	T	(SPECIFY)			DATE /	-701	-70
-		SIGNATURE	gune	1-77	my	M.D.	squily	MEDICAL EXAM	INER	SIGNED	24	1
9		EXAMINER'S NAME	Wenct	DR	Abreces	>	magi	Par hersa	11/	n.	la.	
-		(TIPE OK PRIIVI)	Mauss	0 1 10	any of the		RESS.51071	12 LOCATION	2000	- comp	July	15
2.	10. BL	JRIAL, CREMATION, REA		128/79	23c. NAME OF CEN			238. LOCATION CITY OR TOWN	THOTON	COUNTY	STATE	E
2	4. FL	BURTAL INERAL DIRECTOR TO		1	MT. OL	VEI CE		WASH C'D. BY REGISTRA		RAR'S SIGN	ATURE .	
1		NAME F		J. COLL		00001	JUN	2 5 1979	R	frust	Break	1
		OO UNTU RI	VI) (U	SILVER	SPRING MD.	20901	0.911	1013		1		

BUREAU HAVE STAR DI THO WENT, B. II MEASUR P. O. 80X 351 JOHN P. FIVEL WATTSVILLENARY A SHARL ENGLISH OF THE SERVICE OF TH End to the court of the court o 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE () CERTIFICATE OF DEATH REG. NO

YEAR

OAYS

IF UNDER 1 YEAR

2b HOUR

2:40A

IF UNDER 24 HRS

LAST

TYPE OF WORK FOR MOST OF WORKING LIFET

20. DATE OF DEATH MONTH

12b. KIND OF BUSINESS OR INDUSTRY Sterling Laundry

LAST Basford

ADDRESS Address Same as No # 13e.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Ft. Lincoln Cemetery

YES [

NO [

COUNTY STATE

22c. DATE SIGNED 6-12-79

CITY OR TOWN Brentwood

COUNTY P.G. Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

FOR

I. DECEASED NAME

REGISTRAR

- STATE

F. Gasch's Sons F.H. P.A. Hyatts. Md.

6 - 14 - 79

Burial

24 FUNERAL DIRECTOR

256. DATE REC'D. BY REGISTRAR 756 P. GILTRAR'S CONTRACT

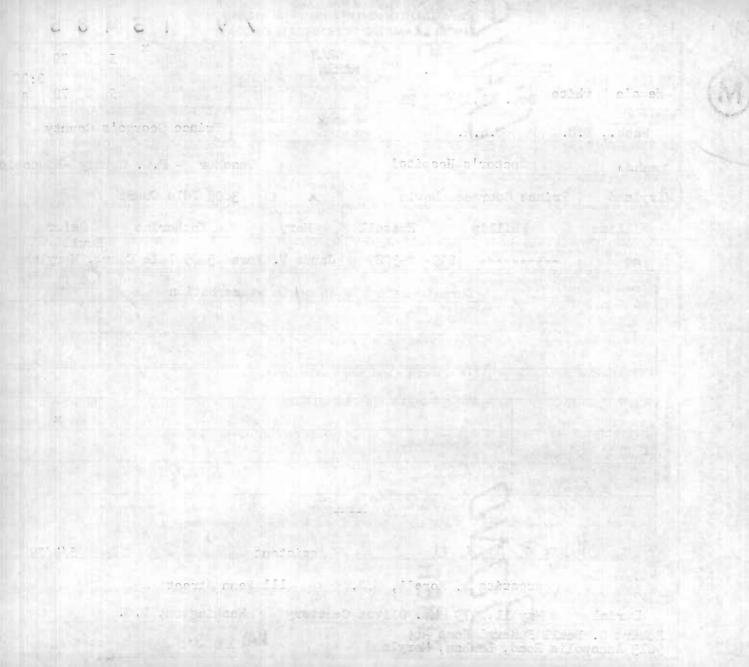
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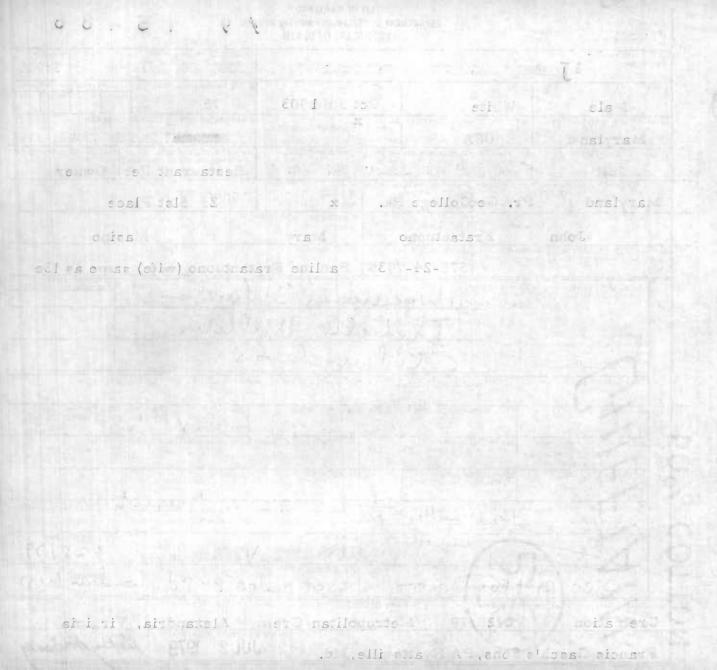
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3. SE		1. RACE	DATE OF BIRTH	YEAR LA	ST BIRTHDAY) MC	NIHS DAYS		MIN PRO	DATE	6		1	3:21
	ale	Black	9/7/1'	_	1 YRS.			0.0	DE AD	TV OR COU		79	Рм
/a. E	PREIGN COUNTRY)	TATE OR	USA	AT COUNTRY!	MA		NEVER MARRIE	D					
	ITY OR TOWN	OF DEATH	II, NAME OF HOSI	DITAL BILIDCIN		WED L	DIVORCE		rince			OFRUS	MD
			(IF NOT IN SUCH FAC	CILITY, GIVE STREET	ADDRESS)				or working life		OR IN	NDUSTRY	1
	everly	(IF IN NUMBER HOME OR	Prince Ge			Hosp	ital	Ket.	rrea	- 20			
13a_	STATE	No count	1	13c. CITY OR	NWO	13d. INSIDE	CITY LIMITS?	13e. STREET	ADDRESS				
-	istric	- Airman Airman	lumbia	<u> </u> was	hingto				Steve	ens Re	oad,S	E.	
14. F	ATHER'S NAME UNK		MIDDLE	LAST		15. MOII	HER'S MAIDEN		MIDDLE	3	LAS	ī	
14- 1		D EVER IN U.S. ARM	ED EORCECO	THE SOCIAL	SECURITY NO.	17. INFO	Reba	Floy	•	RESS			
160.	YES, NO. OR UNKNO	OWN) (IF YES, GIVE W	AR OR DATES)		2 0301			E			C+		n a
	yes					GIC	adys F	Toya-	-wile-	-1300		ens S.E	
	PART I DE	OF DEATH (Enter only EATH WAS CAUSED		for (o), (b), one Entracra		mannh	-20				BETWEE	N ONSET	AND DEATH
1	110	IMMEDIATE	CAUSE (0)			SHOLLI	age						- 100
	Toodillo	ns, if ony, which	DUE TO, OR	AS A CONSEO	UENCE OF								
	gove ri	se to immediate	(b)										
	lying cou	) stoting the <u>under</u> - use lost.	DUE TO, OR	AS A CONSEO	UENCE OF								
	DART & CYLLER &		(c)						•				
Z	PAKI 2 DIHEK SI	IGNIFICANT CONDITIONS <u>CO</u>					ION GIVEN IN PART	[] (0.					
- 2	10a DATE OF	OPERATION		Cirrhos:			DRAFD2				120 ALIZ	TOPSY?	
ICA	170. DATE OF	OPERATION	198. CONDII	ION FOR WHI	LI OPERATION	WAS PERFC	JRMEU!			32	4 1 1 1 1		
CERTIFICATION	21a EXTERNA	AL CAUSE WAS	21b. TIME OF	INTITIDY	210	HOW IN ILIE	RY OCCURRED	CENTED NATIO	E OF INITIDA IN U	E44 19 DADY 1 OF		s <b>5x</b> 0	NO [
	UNDERLYING	G OR	HOUR A.M.	MONTH DA	YEAR	TOWN INJUR	NI OCCURRED	A TEMPER MATOR	COLUMN THAT	Emilio PARTION	21 OR1 21		
MEDICAL	CONTRIBUTI	NG CAUSE OF DE		OF INJURY (AT	19 71f	LOCATION							
ME		NOT WHILE D		ORY, FARM, ETC.)	riome,	STREET		CIT	Y OR TOWN		COUNTY		STATE
	AT WORK	AT WORK					•		-,				
	22a. I certi	ify that I took charge		cribed obove, h	eld on Au	opsy X,	Inspection	L, In	iquiry .	ond in my	opinion		
	deoth result	red from: Noturo	ol couses X,	Accident	, Suicide	, Hon	micide .	Undetermin	ned monner				
	ACTIVAL		1.	V.0	0.		(SPECIFY)				TE .	1== 1	
-	SIGNATURE		Vignua	LIVA	on 1/3	M.D. As	sistant	E MEDICAL	EXAMINER	SIG	NED 6/	15/7	79
	FXAMINEP'S	NAME Wirgi	nia L. Do	olan, M	. D.				111 Pe	nn Str	eet		
						ADDRESS	The second second				300		
4	BURIAL, CREMA		DATE	2/	OF CEMETER			23d. LOCAT	WN	С	OUNTY	STA	TE
	Burial		6/19/7	Ha	rmony	Memor	ial P	ark	Lando	ver l	Maryl	and	da
	NAME	11000	y Le XX	ceur	art	1	ZOO. DATE RE	IIIN 9 1	1979	The state of	The state of the s	-	7
S	tewart	Funera.	I Nome-	4001 B	enning	Road	d K.E.	MINT					

HOUSE HOUSE AREA SERVICES .m. d. universität in E2 la G State Lander of the second state of the second

	STATE REGISTRAR CEASED NAME	FIRST		MIDDLE		CERTIFICATE	OF/DEA	KE	G. NO.	NIH DA	YEAR	la uo
	PE OR PRINT)		ERESA	R.		PORAN		20. DATE KNOW OF ESTI- DEATH MATE		5 8		2b. HOU
3. SEX	x female	4. RACE white	Date of Birth	6. AGE (IN	YEARS IF UNITED HONT		DER 24 HRS.	2c. DATE PRONOUNCED DEAD	MON	5 8		3230 a
7a. B	RTHPLACE (ST DREIGN COUNTRY) Wash.		76. CITIZEN OF WHA		8. MARR WIDOV	IED NEVER MA	ARRIED	Prince	-		DEATH	
L	anham		11. NAME OF HOSP (IF NOT IN SUCH FACE Doctor's	Hospital	is)	ier institution	FOR A	AL OCCUPATION OST OF WORKING LIFT Cher -			OR INDUSTI	RY
13a. S	at RESIDENCE STATE aryland	13b. COUN	or other institution, give ity ice Georges	13c. CITY OR TOWI		13d. INSIDE CITY LIMITS	13e. STR	BO5 Idle	Court	5		
14. F	ATHER'S NAME WILLIA	am	Phillip		sell	15. MOTHER'S MA FIRST Mary	AIDEN NAME	Kathe:			Geier	
	WAS DECEASED VES, NO, OR UNKNO	EVER IN U.S. AR.	MED FORCES? WAR OR DATES)	219-48-3		James V.	. Fora	1,3805 Id	dle Co		wie Mary	land
Z	gove rit cause (a) lying cou		(b)	S A CONSEQUENC		E DR (DNDITIDN GIVEN II	N PART 1 (a).					
CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITA	ON FOR WHICH O	PERATION V	VAS PERFORMED?				20	AUTOPSY?	NO [
AL CERT	UNDERLYING	OR CAUSE OF		MONTH DAY Y		OW INJURY OCCU	RRED JENTER	HATURE OF INJURY IN IT	EM 18 PART 1 O	OR PART 2)	123 (2)	NO L
MEDICAL	21d. INJURY C	CCURRED	21e PLACE O	FINJURY (ATHOME PRY, FARM, ETC.)		OCATION STREET		CITY OR TOWN		COUNTY		STATE
	death result		ge of the remains described causes	ribed obove, held o	n <u>Autor</u> Suicide	nspe X, Inspe Hamicide TITLE (SPECIFY	, Undet	Inquiry,	□.	y opinion		
2	ACTUAL SIGNATURE, EXAMINER'S (TYPE OR PRI	NAME M	argatita A	. Korell.				n Street	DA SIC	ATE GNED	5/9/	79
23a. E	BURIAL, CREMA (SPECIFY) Buria	TION, REMOVAL	23b. DATE May 11,1979	23c. NAME OF	CEMETERY	Cemetery	23d. LC	CATION OR TOWN Shington	. D. C.	COUNTY	51	ATE
24.	Rober t	HOR Beall	Funeral H	ome Abo				6 1979	REGISTRAR	S'S SIGNA	ATURE KOCKE	de



	1	1 -	FOR STATE REGISTRAR	DEPART	MENT OF F	E OF MARYLAND BEALTH AND MENTAL HYG TICATE OF DEATH	UNE 9 REG. NO	5	4 8	6
eo th			CEASED NAME FIRST OSE	PH ANTHONY		ANTUONO		1979	Y YEAR	26 HOUR 1:40A <sub>M</sub>
(2)		3. SE>	Male	White		et 5 n k 9 0 3	6. AGE (IN YEARS LAST BIRTH	YRS	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
death and and and and and once.	35	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)  Marylan d	USA	WIDOWE			PRINC	DE GEOF	RGE's MD.
by the fulled with	83		LANHAM		TAL O	F PR. GEO. CO	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Restauran	WORKING LIFE)	12b. KIND O INDUSTRY Own	F BUSINESS OR
11NER  rithin 24 hou tely filled in 2 should be	38	M	aryland	Pr. Ge College	N.	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌		t Plac	e	
XAN red w	163		THER'S NAME FIRST  John	Fratantuon		15 MOTHER'S MAIDEN NAME FIRST Mary	MIOOLE	Ma	ino	
die gee	1		/AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 578-24-		Pauline Fra	ADDRE			
BY MEDICAL death certificate be e attending physician o ave corban popers. Pa niton, or removal.			PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which	nly one couse per line for (a), (b), on ED BY:  ITE CAUSE (a)  DUE TO, OR AS A CONSEQUI	ear	dial In	factue elletes		BETWEEN C	MATE INTERVAL INSET AND DEATH
RELEASED  r requires that the ten signed by the tit Then please rem rior to buriol, crem ny injury, or ather t		NO	gove rise to immediate couse Io), stating the underlying couse lost.  PART 2_OTHER SIGNIFICANT	DUE TO, OR AS A CONSTOUL	ull	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVE	N IN PART 1(o	1
he laven.	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY! YES	WERE FINDIN	GS USED OF DEATH?
SICIAN: TI ng physici certificate viol-transit entol Hygi	- 2		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T 1 OR PART 2)	
NG PHY: offer this os the bu if ond M orked or		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
OR ATTENDING PHYSICIA e hospitol or ottending p DIRECTOR: After this certificated for use os the buriolity tokhed for use os the buriolity Dept. of Health and Mental	6	ú	sow the deceased alive or above. (I) (we) (did) (did no	ot) view the body ofter death.	ares	nd that in (my) (our) opinion (	, to death occurred on the do	te and hour		
E 0 -			22b. SIGNATURE	- ou u	لس	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌	6.2	8/79
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:	1		22d. PHYSICIAN'S NAME (TYPE OF	- 9x.cTnoM.	2	270 ADDRESS Dud	4	- lo	who	MD
BP		C	remation removal			emetery or crematory  politan Crem	23d LOCATION CITY OR TOWN Alexand	ria, V		
DHMH - 16 50M 7/77 (VR A 15 (4))			rancie Gaech!	Sone PA Hyati	tavill	Charles and the second	JUL 2 1979		AR'S SIGNAT	



attending physician and campletely filled in by tl ave carbanpapers. Pages 1 and 2 shauld be filed

and Mental Hygiene prior to burial,

IMPORTANT: If them 21 is marked at Item 18 shows any

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FOR DEPARTME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIGNE

15487

		REGISTRAR			CERTIF	ICATE OF DE	ATH "	REG. N	0.			
ij.	1. DEC	CEASED NAME FIRST		MIDDLE	1	AST		20. DATE OF DEATH		DAY YEAR	26. HOUR	0
		Laura		C.	FR	2300	2	Ś	une.	8 1979	3:20	M
	3. SEX		4 RACE	~	5. DATE C		YEAR	6. AGE (IN YEARS LAST IN		MUNGER I YEAR	HOURS A	HRS
		Female	UhiT	e.	1.2	30	97	81	YRS.			
	7e. BIR	ETHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MA	RRIED	BALTIMORE CITY	R COUNTY	OF DEATH	- 4	itr
5		Maryland	7151	9	WIDOWE		RCED	GRINCE	De	019+5	Coll.	MD.
	1	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTIT		MA USUAL OCCUPAT			F BUSINESS	OR
0	FOI	RESTVILLE /	1729			g Home		Housewif	e			
-	USUA 130. S		VTY	136 CITY OR TOW	7	13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS	0500	7 76.	ax by	Core
)			gomery	Bethes	aa		0	Cechin 9	oun 1	· Yha.	201	3/
	14 FA	George Humberston				Martha Frazee						
)Ĉ												
Ł	16e W		E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT				1 O-h	i	lose
		NO		170 50	5920	wayne	RFLo	azee 6507	/6 P			-
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per	line far (a), (b), and	lict.)	n. Com	10:0			bet wern	ANT SUBSE	Хтн
			TE CAUSE (a)	MIATER	DID	MET	APLA	CIA				
		3/5-	DUE TO, O	R AS A CONSEQUE	NCE OF	op. Tic	1 (4 . )	in Alex	000	70797		
		Canditions, if any, which gave rise to immediate	(b)_(	HRONIC	FL	BROTIC	LUU	IG DISE	NSE			_
		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF							
	9		(c)									
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE OR CON	DITION GIVE	EN IN PART 1(c	31	
	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	196. CONDITION FOR WHICH OPERATION			AED	200 AUTOPSY?		, WERE FINDIN		_
l	필						YES NO YES NO NO				?	
9	8	210. ACCIDENT WAS UNDERLYING				21c. HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJU				
1		OR CONTRIBUTING CAUSE OF DE.	ALIB.	M. MONTH DA	Y YEAR							
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION			5 1956			
	Ž	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET		CITY OR TO	MM	COUNTY	STATE	E
		220.1 certify that (I) (this hasp	ital) attended th	e deceased from_	9/0	27	19 78	_, to6/6	7	19_79	that (I) (we)	) lost
	1	saw the deceased alive an abave, (I) (we) (did) (did no	6/8	19 7	9 . 0	nd that in (my) (a	ur) opinion de	eath accurred an the d	ate and haur	and from the	causes state	d
		22b. SIGNATURE	1	2-		DEGREE				22c. DATE		
		William Kent Turit				ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (1)						
		22d. PHYSICIAN'S NAME (TYPE O				22e. ADDRESS	THE STORY	Marine For				
		William K.	. Furst		y ch	9401	India	an Head H	ighwa	y Oxer	a Hil	
	23a B	LIRIAL CREMATION REMOVAL	123h DATE	1 23c N	IAME OF C	EMETERY OR CRI	FMATORY	23d, LOCATION				Ma

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this should be detached for use as the bit with the State Dept. of Health and M

24 FUNERALD ROBert E Wilhelm Funeral Home
Suitland Maryland

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 6-13-1979 Glade Cemetery OR CREMATORY

23d. LOCATION CITY OR TOW Garrett County, STATE Md

JUN 1 3 1979

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		F. Edwin
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injury, or other troumotic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remaye carbon pape with the State Dept. of Health and Menial Hygiene prior to burial, cremation, ar remayof.

IMPORTANT; If them 21 is marked or them 18 shows any

ottending physicion and completely filled in by the funeral cove carbon pages. Pages 1 and 2 should be filed within 72 h

STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				14	
)	- 1	5	13	8	8
REG	NO.				

1.	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO.	5 4 8	3 8
	CEASED NAME FIRST	MIDDLE	U	AST	20 DATE OF DEATH MONTH	DAY YEAR	26. HOUR
(7.4.5	NINA	٧.	FULLI	ER	06-0	9-79	4:35AM
3 SE		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White	MONTH	-22-1912	67 YR	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	rry? &	M venes masses	9 BALTIMORE CITY OR COUN		
	Va.	U.S.A.	WIDOWE	NEVER MARRIED U	PRINCE GEORG	ES	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME O		12e USUAL OCCUPATION		OF BUSINESS OR
(	CHEVERLY	PRINCE GEORG		RAL HOSPITAL	Housewife	INDUSTRY	
USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE	SEFORE ADMISSION)	THE PARTY CANADA CANADA			
130		Geo. Mt.Ra:		134 INSIDE CITY LIMITS? YES ☑ NO ☐	3710 - 35th	Stree	t
14. FA	THER'S NAME		L114 V 4	15 MOTHER'S MAIDEN NA	ME	. 00100	0
	Ezra	MIDDLE LAST		Susie	MIDDLE	Sea	
	WAS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT	ADDRESS	san	
C.	YES, NO OR UNKNOWN) (IF YES, G	INE WAR OR DATES)	6-8736	A Charles I	L. Fuller (Hu	sband)	above
				n Onaries i	o. rarrer (na		MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	pnly one couse per lips for (6), (6) SED BY: ATE CAUSE (0)	-	mones o	O Kanerea	BETWEEN	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	u	in hep	25 h (a)	dere -	2 mondhs
NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1	01
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED		YES, WERE FINDI TIFYING CAUSES YES [	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	DEATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM		
MEDICAL	ZId INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (I) (this has	pital) attended the deceased fro	om	5-29 19 79		. 19. 79	that (I) (we) lost
	sow the deceased alive of above, (1) (see) (did) (did)	not) view the body/ofter death.	19 79 , on	d that in (my) (our) opinion	death occurred on the date and l	nour and from the	couses stated
	226 SIGNATURE	men	>,	DEGREE ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR   PHYSICIAN	22s. DATE	19/2
	224. PHYSICIAN'S NAME (TYPE	and/or	AL.	0 490 C	andous a	Ed.	
23a. E	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
L'	Burial	6-12-79	Ft. Li	ncoln Cem.	Brentwood	Pr. Geo	Md.
24. FI	UNERAL DIRECTOR			25e DA1	TE REC'D. BY REGISTRAR 256. REG	ISTRATES SIGNA	TURE O

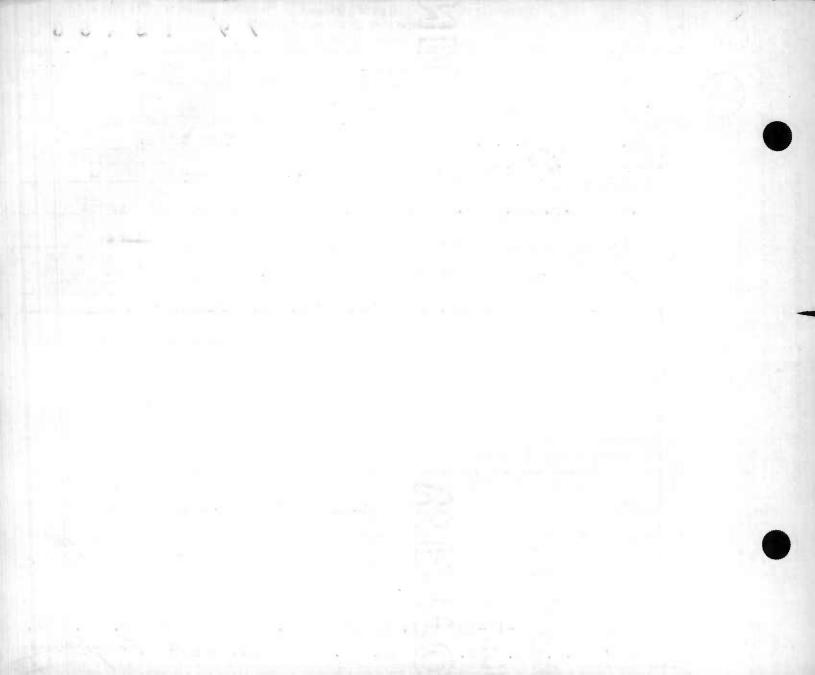
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TO HOSPITAL

DHMH-16 20M (VRA 15, 4) 7/78

Nalley's F.H.Inc. Mt. Rainier, Md.

JUN 1 8 1979



FOR

ust be notified at once

MADQIANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	IF. REG N		-1 0	7	
I DECEASED NAM		WIDDLE	.1	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
(TIPE ORPRINT)	Winifred	Ε.	G.	AINES	June 7,	1979		4:45	
SEX	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 H	
Female	Bl	ack	Jan	8" 1922	57	YRS MC	ONTHS DAYS	HOURS MI	
BIRTHPLACE (S	TATE OR FOREIGN 76 CITIZE	N OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY		F DEATH		
Wash.,D	.C. US	A	WIDOWE		Prince G	eorge (	County		
CITY OR TOWN	OF DEATH 11. NAA	AE OF HOSPITAL, NU	JRSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION		F BUSINESS	
Glenn Da		nn Dale H			TYPE OF WORK FOR MOST OF	. WORKING LIFE)	INDUSTRY		
USUAL RESIDENCE	LIE NURSING HOME OF OTHER INST		BEFORE ADMISSION)	138 INSIDE CITY LIMITS?	Lia. STORET ADDRESS				
Washingt	ton 136 COUNTYD/C	. Jwash	ington	YES A NO	13e STREET ADDRESS	r Stre	et, N.	W.	
4 FATHER'S NAME				15. MOTHER'S MAIDEN NA	AME	- te			
Richard	Thomas Epps	LAST		Ella Oggle	eton : MIDDLE	7	, LAS	JT .	
60 WAS DECEASE	DEVER IN U.S. ARMED FOR		SECURITY NO.	17 INFORMANT	ADDR	ESS			
(YES, NO OR UNKNO	OWN) (IF YES, GIVE WAR OR DA	(IES)		Leroy Gaines	s 431 Warne	r St.	N.W.		
18 CAUSE O	F DEATH (Enter only one cor	use per line for (o), (b	o , ond ic		· ·	Ula para di II	BETWEEN ONSET AND DEATH		
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Conditions.	if any, which	Hypert					Yea	are	
gove rise	to immediate	DUE TO, OR AS A CONSEQUENCE OF							
underlying	cause last.	(c) Arteri		eie			Yea	220	
PART 2 OTH	ER SIGNIFICANT CONDITIO				MINAL DISEASE OR CON	DITION GIVE			
Chron	ic Obstructiv								
190 DATE OF			HICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. 16				YES, WERE FINDINGS USED		
Ħ					YES NOTE	IN CERTIFY	ING CAUSES	OF DEATH?	
Chron 19a DATE OF		TIME OF INJURY		21c HOW INJURY OCCUP					
OR CONTRACTOR	ING CAUSE OF DEATH HO	UR A.M. MONTH							
(IF EITHER, NOT		P.M. PLACE OF INJURY	19	211 LOCATION					
WHILE AT WORK	NOT WHILE AT WORK	OME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE	
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			9.0	nd that in (n) (our) opinion	. 10	ote and hour	,		
22b. SIGNAT	above, (we) (did)								
	HAMPHUNIS MI O ATTENDING MEDICAL STAFF								
224 PHYSICI	AN'S NAME (TYPE OR PRINT)			PHYSICIAN	DIRECTOR X PHYSIC	JAN []	June	7,197	
Market Comment				LIV ADDICESS	Glenn Dale	Hospit	al		
	ames W. Wills				Glenn Dale	Maryl	and 2	20769	
	rial 236. DA	12 <b>-</b> 79		EMETERY OR CREMATORY y Mem Park	Landover	Manco	QUNTY	STATE	
		12-17	патшоп	•					
24 FUNERAL DIREC	CTOR	ADDRES	wash.,	D.C. 25a. DA	TE REC'D. BY REGASTRAR	25b. REGISTRA	AR'S SIGNAT	URE	

DHMH - 16 60M 1/75 (VRA 15 (4))

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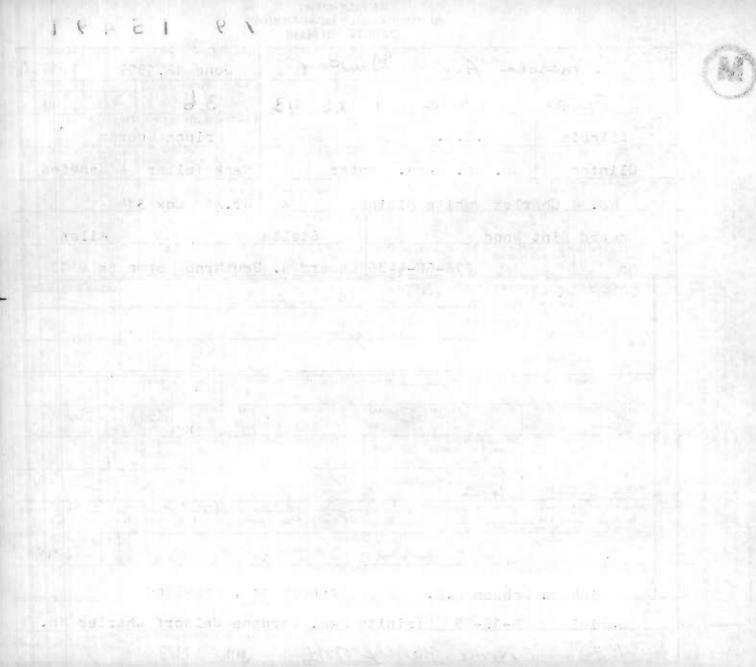
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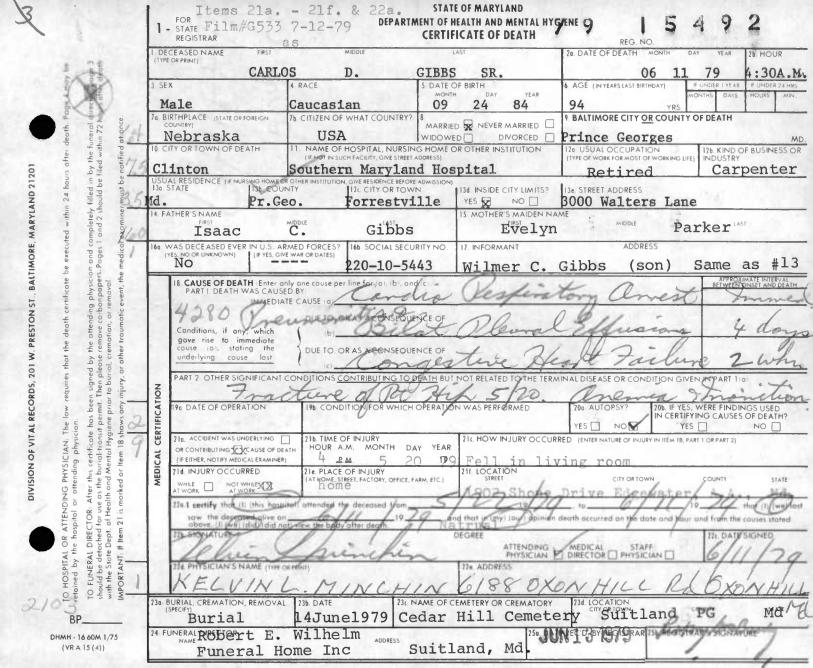
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(VRA 15, 4) 7/78

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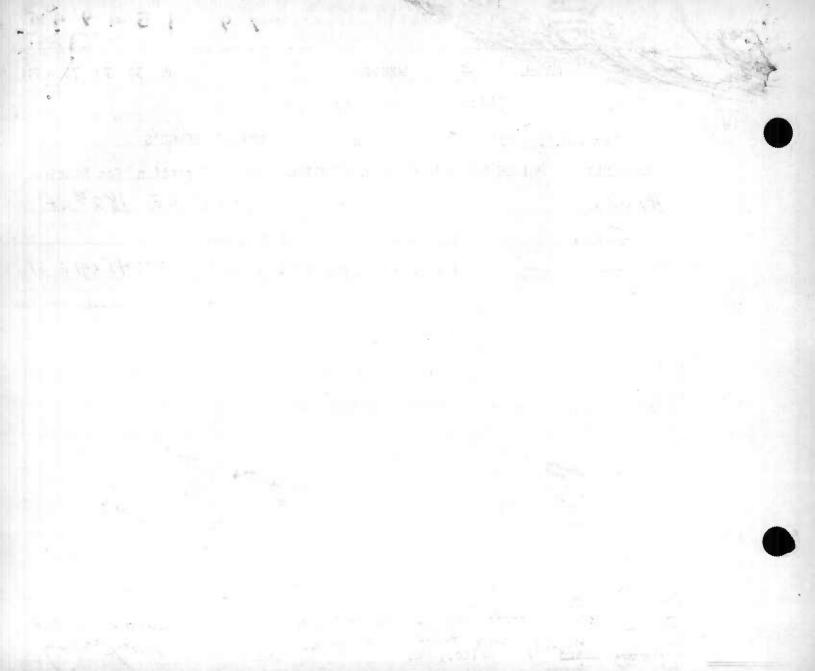
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENZ

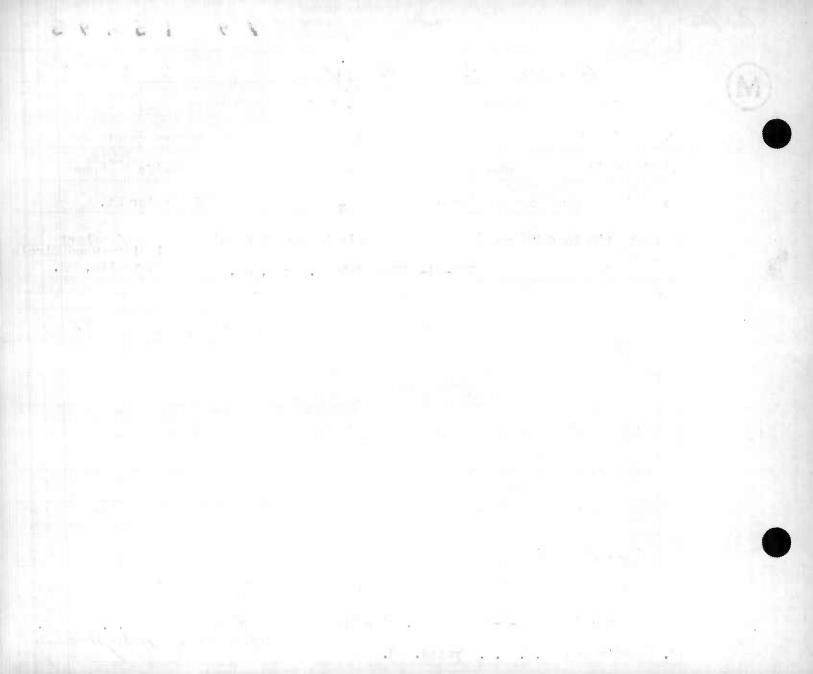
CERTIFICATE OF DEATH

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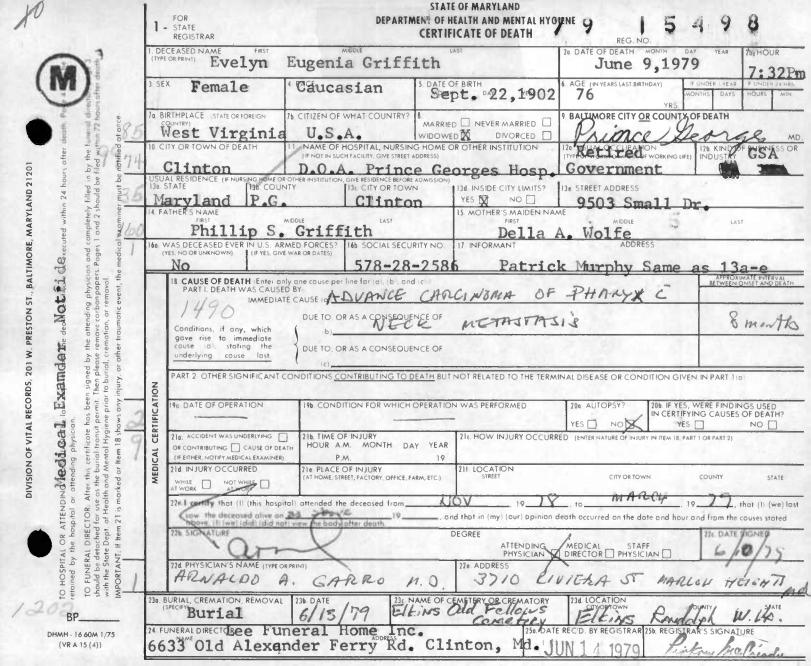
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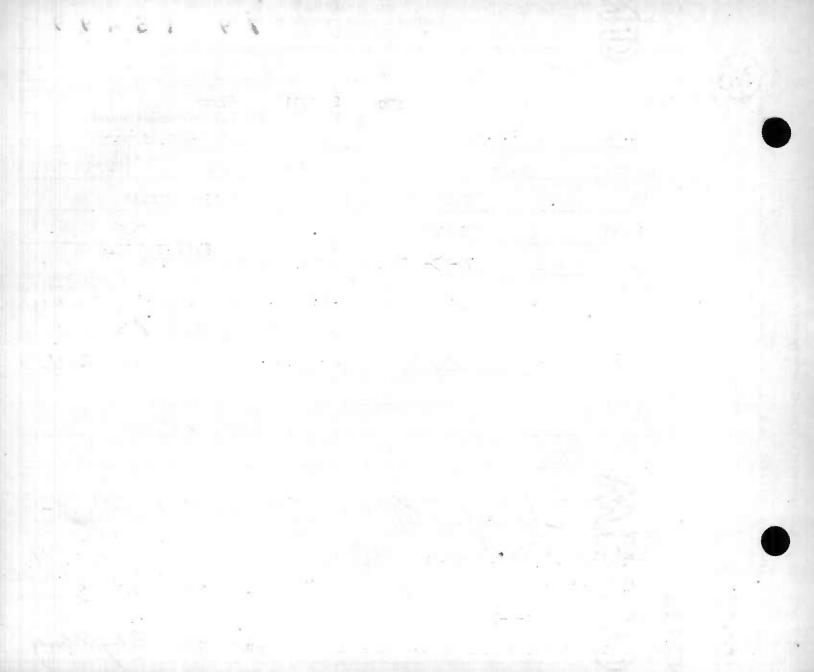
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6633 Old Alexander Nerry d. Clinton, . . . . . . . . . . . .

	١,	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG	SIENDE O I II	499
	['	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
(N36)		CEASED NAME FIRST TRACY	MIDDLE R	GRIFFITH	20 DATE OF DEATH MONTH	01 79 10:40 M
THE B	3 SEX		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
44.3	MAI	Œ	CAU	DEC 2 1911	67yrs YRS	MONTHS DAYS HOURS MIN.
in 72 hou	70. B1	RTHPLACE (STATE OR FOREIGN DUNITY) W.Va.	Th CITIZEN OF WHAT COUNTRY U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE'S	
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omplete		THER'S NAME HARRY	GRIFFITE	DORARST	MIDDLE	RAY
		(AS DECEASED EVER IN U.S. AR/ ES, NO OR UNKNOWN) (IF YES, GIVE YES WWI	war or dates: 579-03-5		54PP55BIRC RIFFITH BURKE Va	HLEAF CT
en signed by the ottending physica. Then please remave corban paper or to buriol, cremotion, ar removal. y injury, ar other traumatic event, th		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE CONSEQUENCE CONSEQUENCE CONTRIBUTING TO	eno Sella	odie Klang  IAL INFARCT	FOR 2 NKS
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ottending physicio		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH ( P.M.	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)
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hospital or anti-day in the tow hospital or antending physicine. RECTOR Atter this certificate has be hed for use as the burial-transit permit ept of Health and Mental Hygiene pri- them 21 is marked or them 18 shows an		sow the deceased alive on obove, (1) (we) (did) (aid not	of attended the deceased from		death accurred on the date and har	ur and from the causes stated
		226 SIGNATURE	In Bugar		MEDICAL STAFF DIRECTOR PHYSICIAN	C/V/79
retained by the TO FUNERAL I should be deto with the State I IMPORTANT: H		SA 4UEL	J.N. SUG	22. ADDRESS _ 4637 E45T	ERN AVE MA	SHUNGTON DI
) - ~ , <u>-</u>	230 B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY SH NAT CEMETERY	SUTTLAND P.	GOUNTY MdSTATE

DHMH-16 20M (VRA 15, 4) 7/78

250. DATE REC'D. BY REGISTRAR 250. REGISTAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME MIDDLE LAST 2ª DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) ELSTE MARGARET GURNEY June19, 1979 5.00 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH VEAD DAYS HOURS Female White March 12. 1918 Te. BIRTHPLACE ISTATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Kansas Prince Georges Co. WIDOWED DIVORCED | 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Doctors Hospital of Pr. Geo. Co (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham Mgt. Specialist U.S. Gov't. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Cheverly 138. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. P.G. 6511 Landover Rd. Apt - T-3 YES 🎮 NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE Harry Gurney Flessie Kinney J. ADDRESS Address Same as 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 577-10-8387 Ne # 13e. Georgia M. Gurney 18 CAUSE OF DEATH (Enter only one cause per line fat, (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO CONSEQUENCE & Canditions, if any, which gave rise to immediate cause ID1, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 2) LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220. ( certify that (1) (this hospital) pyended the deceased from

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated | wer | did | /did not | view the body often death 77b. 5KGN DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN S NAME (TYPE OR PRINT) 22e ADDRESS BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME METERY OR CREMATORY 23d. LOCATION CITY OR TOWN (SPECIFY) Burial 6-23-79 Kidder Cemetery Kidder Caldwell Missouri

**DHMH-16 20M** (VRA 15, 4) 7/78 24 FUNERAL DIRECTOR

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F. Gasch's Sons F.H. P.A. Hyattsville, Md.

250. DATE REC'D BY REGISTRA 256. RECOMMENDED

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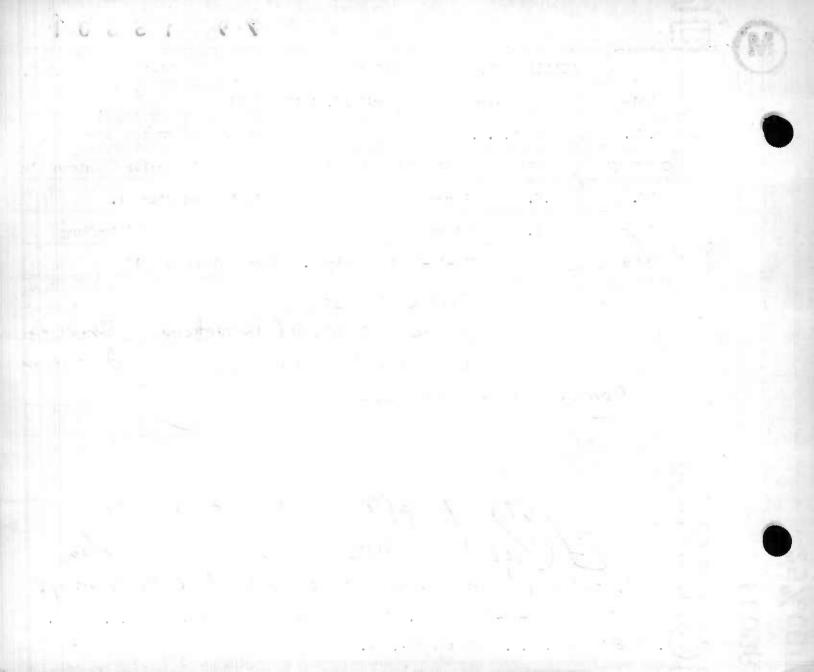
TMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

		CEASED NAME E OR PRINT)	FIRST		MIDDLE	HAI	NES	20 DATE OF DEA		0AY YEAR	26. HOL	HOP <sub>M</sub>
	3 SE	X Male		4 RACE Whit	e	S. DATE C	F BIRTH 15, 1913	6 AGE JIN YEARS LA		F UNDER I YEAR	_	
E	9	IRTHPLACE (STATE OR F		U.S.		MARRIE		PRINCE G	TY OF DEATH			
4	CI	HEVERLY		PRINCE	GEORGE "S"	GENER	AL HOSPITAL	170. USUAL OCCU ITYPE OF WORK FOR M AU TOMODI	PATION ost of Working 1e Dea	IZE KIND C INDUSTRY	tomo	bile
AGE CONTRACTOR OF THE PROPERTY			13b. COUI	OTHER INSTITUTION	13c CITY OR TOW Largo	WN 13d. INSIDE CITY LIMITS?		12012 Hunterton St.				
Elmer's NAME				L. Haines			Leona Leona	MIDE		Shillenb	burg	
1		WAS DECEASED EVER		MED FORCES? E WAR OR OATES)	579-18-5		Ruby M. Hai		odress le as #	13		
	ION		mediate ng the e last	(b)	A	ENCE OF	Myo condul Mellis NOT RELATED TO THE TERM		`	36 JO-	tye	us.
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1		STEV	HN	Poll	ak u	11P	127. ADDRESS AU	TH Pla	1Q,C	AMP5	Pring	1
	23a. E	BURIAL, CREMATION SPECIFY Burial	REMOVAL	236. DATE 6-22-7			emetery or crematory coln Cemetery	23d LOCATION CITY OR TOWN Brent	wood.	P.G.	Mď	ATE

DHMH-16 20M (VRA 15, 4) 7/78

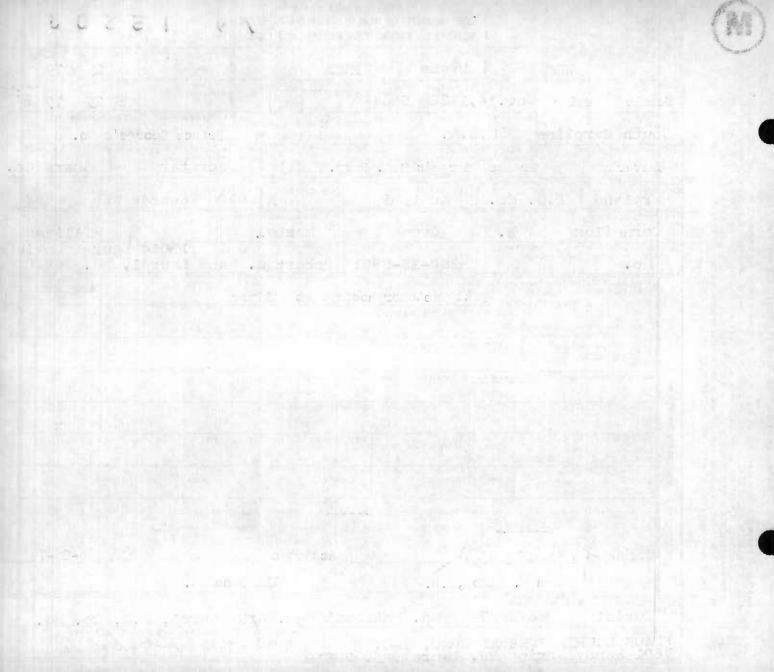
74 FUNERAL DIRECTOR F. 'Gasch's Sons, P.A. Hyattsville, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

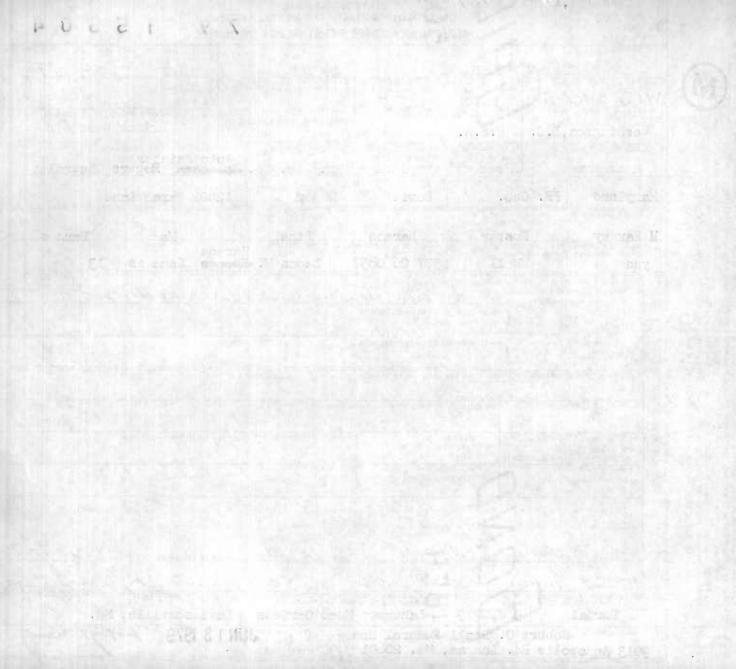


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IMORE, No no no com no no no com no no no com no com medical a			WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FO IF YES, GIVE WAR OR D		SECURITY NO.	11 INFORMANT Margaret W	1. Reej			East Pl	
law requires the speed signed signed symmit. Then plead prior to burial	any injury, ar ather tra	CERTIFICATION	gave rise ta imme cause (o), stating underlying cause  PART 2 OTHER SIGNIF	ICANT CONDITI	ed al	S TO DEATH BUT	NOT RELATED TO THE		DISEASE OR CON	20b. IF YE	VEN IN PART 10	NGS USED
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BP	2		BURIAL, CREMATION, RE SPECIFY) Burial		18-1979		Rest Cemete		LOCATION CITY OR TOWN	C1	COUNTY	STAT
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	1	REGISTRAR	WEI	DICAL EXAMINER'S	CERTIFICATE OF D	EATH REG. NO.	2 0 7
		DECEASED NAME FIRST		MIDDLE	LAST	26. DATE KNOWN MON	TH DAY YEAR 7 26 HOUR
2000		TYPE OR PRINT) HARVEY	FOSTER	н	ARMON	OF ESTI-	-6 1979 M
(NA	3 S	EX 4 RACE	5 DATE OF BIRTH	6. AGE IN YEARS IF UI	NDER 1 YR. IF UNDER 24 H		TH DAY YEAR 24 HOUR
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# P P F F F	41	Washington, D.C.	U.S.A.		VED DIVORCED	Prince (	George's
52,420	10	CITY OR TOWN OF DEATH		PITAL, NURSING HOME, OR OTH		USUAL OCCUPATION (TYPE OF WOR	
35327)	15	Lanham	Doctors		r. Geo. Co.	Arto Pathter alesman Rogers	Chevrolet
Z Par		UAL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION)			
21201 IF AND SHOUTH	5	laryland PR.	Geo.	Bowie	YES NO .	12402 Sarah Lane	2
= F N 4/	711	FATHER'S NAME,	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE .	LAST
EATH PM PM	0/1	I Harvey	Foster	Harmon	Ethel	Mae	Barnes
MORE, PAGE FORM	160	. WAS DECEASED EVER IN U.S. AF		166. SOCIAL SECURITY NO.	17 INFORMANT	rmon	Detrucs
A AP	1		WW II	577 26 0857	Leona M. Rh		13
		18. CAUSE OF DEATH (Enter o	nly ane couse per line	far (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST., 24 HOG ITEM 18 ITONG PERMIT		PART I DEATH WAS CAUSI	ED BY: ATE CAUSE (o)	rteno selero.	tie Cardio V	las cular deser	
0 2 = 4 0 -	į	14292		AS A CONSEQUENCE OF			
W. PREST  D. WITHIN  ENCIL IN  -TRANSIT  ENTAL HY  REMOVA		Canditians, if any, which					
* VANA TANA	ž L	couse (a) stoting the under		AS A CONSEQUENCE OF			
EX EX EX		lying cause last.	(c)				
L RECORDS, 30 ULD BE EXECL "PENDING" IR EF MEDICAL I SED AS A BUR HALTH AND CREMATION OF	2	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1 to	)	
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ON O THE THE TO I	30 3	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M				
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DIVIS THIS CER WRITIN WARDED AAGE 3		WHILE AT WORK AT WORK					
E. PA	212	22a. I certify that I took char	ge of the remains des	cribed abave, held an Auto	psy Inspection	Inquiry . and in my	y opinion
AINE FECA BE FC CTO F THE	QN.	death resulted fram: Not	urol causes	Accident , Suicide	Homicide U	ndetermined manner	
EXAM CERTIFIC BOIRE	25		· · nin		TIPLE (SPECIEY)		
H OUT OF THE PARTY	W.W.	SIGNATURE YELGUS	4 J. Lon	your	( Waste	MEDICAL EXAMINER 50	ONED 6 -7-19
MEDICAL E CUTE THE C E 4 SHOU BUNERAL IS PORTAL	K. K.	0/	· h	6/ 1/	/ /	12 1 . 1 . 1	7 1
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TO ME EXECU PAGE AFTER	230	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY		d. LOCATION CITY OR TOWN	COUNTY
1614 BP	Test.	Burial	9 JUN 79	Lakemont Mer		Davidsonville, M	Md.
DHMH-17	24	FUNERAL DIRECTOR Rober	t G. Beall	Funeral Home	C P 250. DATE IN	1 1 3 3 3 9 256. REGISTRA	5 Sig Matrody
(VR A15 ME (5))	))	Onla Annapolis	Rd. Lanhan	. Md. 20801 9V	LAWINA ~		/ /



	1 -	STATE REGISTRAR	DEFARIA		ICATE OF DEATH	REG. NO	) <b>~</b>						
		CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR				
	(1112	Henry	Lillard	Harı	rison. Sr.	Ju	ne 4	1979	8:00 a	м			
	3 SEX		4 RACE	5. DATE (	OF BIRTH	6. AGE (IN YEARS LAST BIRT		MONTHS DAYS					
	M	lale	White	Dec		58	YRS.	MONTHS DAYS	5 HOURS MIN				
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	TY OF DEATH					
Š.		laryland	U. S. A.	WIDOW		Prince Ge	orge'	s	M	D.			
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST OF	WORKING	HEEL INDUSTR	OF BUSINESS OF	5			
3		iverdale	Eugene Leland M		al Hospital	ssist.Sec	ret		ate				
3	13a. S	TATE 136 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13t CITY OR TOW HOO'S RIVERDA	N ,	134 INSIDE CITY LIMITS?	5600 54th	ı Av	Se enue	enate.				
	14. FA	THER'S NAME			15 MOTHER'S MAIDEN NAM			•		_			
0		George	S. Harrison		Helena	# MIDDLE	G	ibbons	LASI				
		AS DECEASED EVER IN U.S. AR	E WAR OR DATES	RITY NO.	17 INFORMANT	48	5 8 8°	5th Pl	ace.				
	4.	nk.			Mary H. Barl	ksdale-Nev		rrollt					
		18 CAUSE OF DEATH (Enter or	nly one couse proline for (a), (b), and			( 20	784	BETWEE	NONSET AND DEATH				
		PART I. DEATH WAS CAUSE	TE CAUSE (d) FASTAT	ICA.	DENOCASCINOM	A OF (R) RI	MEY	/ /	12 YRS				
		1870	DUE TO, OR AS A CONSEQUE	NCE OF									
		Conditions, if any, which	(b)										
	10	cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF									
		underlying cause lost.											
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART	l(a)				
_	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	1206 IF Y	ES, WERE FIND	OINGS LISED	_			
7	FIC	THE DATE OF GLERATION	The condition for the time.	0.0		YES T NOT	IN CERT		ES OF DEATH?				
	ERT	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE					-			
1		OR CONTRIBUTING CAUSE OF DE											
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION	-	THE ST						
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.	STREET	CITY OR TOV	IN	COUNTY	STATE				
			not) attended the deceased fram_	MAL	WARY 1979	, to JDNE	3	1979	_, that (I) (we) las	st			
		saw the deceased alive an	of VNE 3 197	9	nd that in (my) (our) opinion o	death occurred an the de	te and he	our and from th	ne causes stated				
		124 SIGNATURE		1	DEGREE			TIL DA	fe SIGNED	Ī			
	100	firmes Co	. Brown	WY)	ATTENDING PHYSICIAN			6/4	479				
	- 2	224 PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS			1					
	164	James A. Br	own. M. D.		6525 Belcrest Road Hyattsville Md								

DHMH - 16 50M 7/77 (VR A 15 (4))

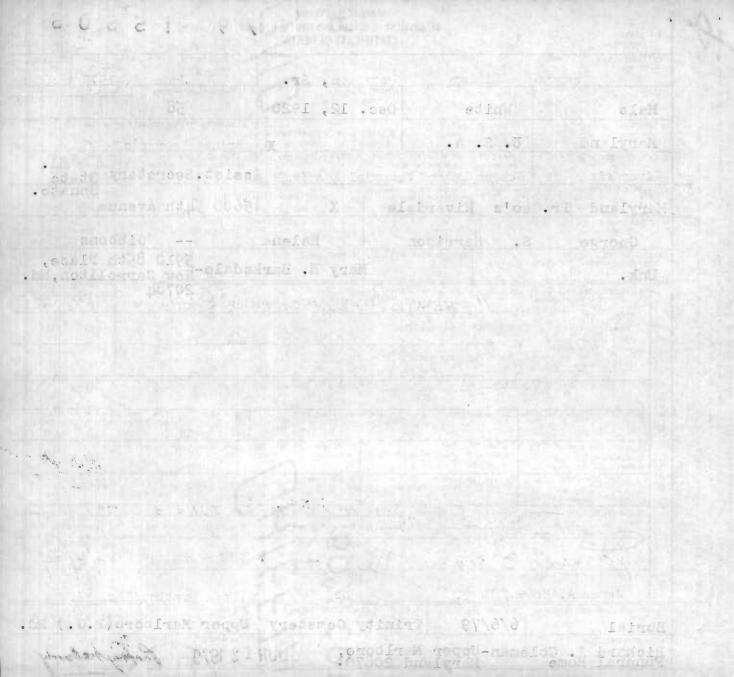
P34 LOCATION
Upper Marlboro (P.G.) 236. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 236 DATE 23c NAME OF CEMETERY OR CREMATORY 6/6/79 Trinity Cemetery

Richard A A. Coleman-Upper Marlboro, Home Maryland 20870

JUN 1 2 1979

Md.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-RISON, Jr. OF DEATH MATED S. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED DEAD 7g. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED FOREIGN COUNTRY) USA D.C. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH PARCEI OXON HILL USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO 13b. COUNTY 13d. INSIDE CITYLEMITS? 14. FATHER'S NAME MIODLE LAST UNKNOWN CURTIS HARRISON, SR. 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES, NO, OR UNKNOWN) GOLDIE A. HARRISON (SAME AS DECEDEN UNKNOWN 18. CAUSE OF DEATH (Enter only one cause per ling for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). OF HEA 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PRIOR TO BURIAL YES NO T 210. EXTERNAL CAUSE WA 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY FOR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 2Je. PLACE OF INJURY (AT HOME. ZIL LUCATION WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection Undetermined manner Natural caures PAGE 4 SHOULD BI TO FUNERAL DIREC AFTER DEATH, WITH TITLE SPECIFY EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE WASHINGTON NAT"L.CEM. 250. DATE REC'D. BY REGISTRAR 256. REGISTERR'S SIGNATURE DHMH-17 20M 1/73 24. FUNERAL DIRECTOR (VR A15 ME (5)) RÖBERT G. MASON. INC. WASHINGTON.D.C.

MICHAEL CORTE RESEL OF SEC. - COLUMN TOTAL With Transfer to the contract of the contract THE COURSE OF THE COURSE OF THE STATE OF THE STATE OF THE STATE OF

STATE OF MARYLAND

1-4-6 11116 and the state of t Continue .B.I.H-icco M. W. off yourself LET ACK - V. O. O. of any stysood sovest Las 35 Tyle | Coords Steeks 711 Kearney St. M. B. D. C. De contract and the June 1, 7 Lincoln Memorial Cont Buttland, 126 Margiana 



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF Jr. DEATH MATED AGE (IN YEARS IF UNDER 1 YR IF LINDER 24 HR DATE LASI BIRTHDAY) DEAD 6 IN BIRTHPLACE ISTATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALLIMORE CITY OF COUNTY OF DEATH FOR MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED DIVORCED XX FILED. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12n USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Service Cheverly Prince Georges Hospital Attendant PM 3. RETAIN P. ND 2 SHOULD BE BE Station USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 113c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE PrinceGeorges Maryland Riverdale YES [ 34 Bunker Hill Road NO W 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM MIDDLE LAST MIDDLE LAST EIDST Clem Nora Hawkins. OF ADDRESS 6901 Vallery St. 16b. SOCIAL SECURITY NO 17 INFORMANT IN WAS DECEASED EVER IN U.S. ARMED FORCES? Brother DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N. Hawkins, Sr. Riverdale, Md. Yes Unknown CAUSE OF DEATH (Enter only one cause pegline for (a), (b), and (c).) PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE IMMEDIATE CAUSE BURIAL-TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 301 CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) < CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, YES [] NO [ BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY VARDED TO THE 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 21 220. I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner E (SPECIEX) MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE July Jackson, Virginia Mt. Jackson Cemetery Mt. Burial DHMH-17 20M 1/73 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE (VR A15 ME (5)) Fairfax, Virginia Capitol Funeral Service

STATE OF MARYLAND

The Carlotte But Links 

STATE OF MARYLAND

FOR

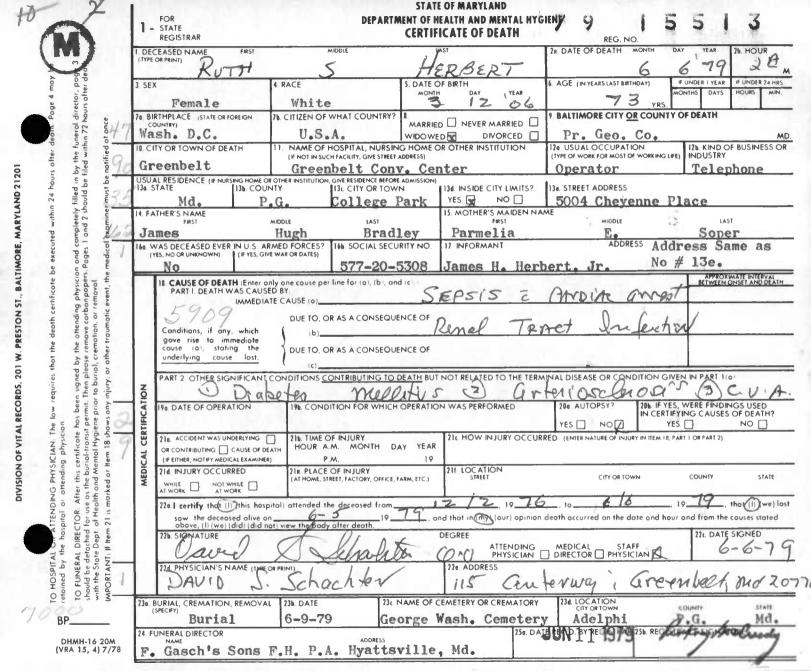


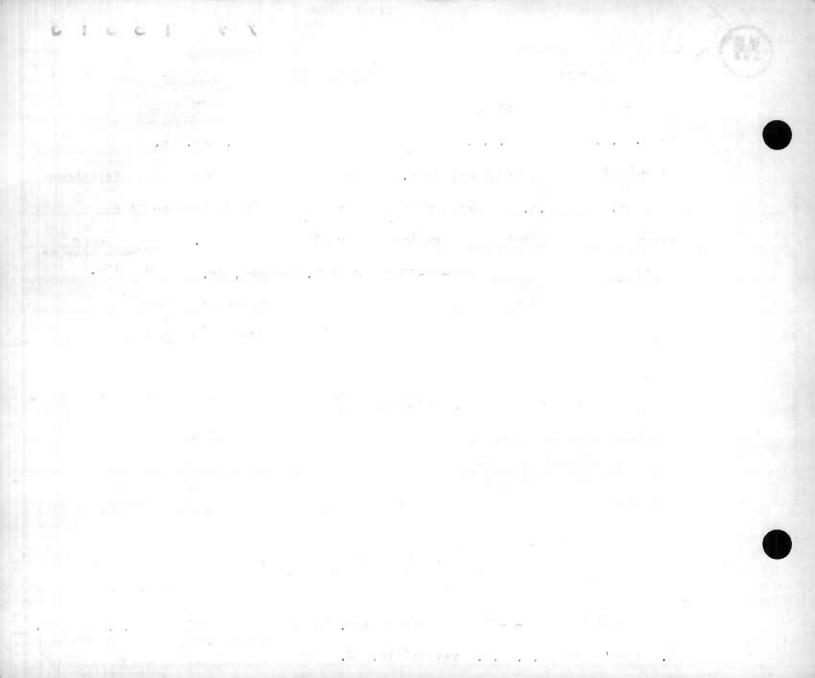
TR		FOR			DEDART		OF MARYLAND EALTH AND MENTAL HY	entitie (2)	1 200	p= 1	
		1 - STATE REGISTRAR			DEFARIT		ICATE OF DEATH	REG. N	1 5	2	
		I. DECEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
2 75		(TYPE OR PRINT)	DOROT	HY I. HE	EGGE			JUNE 7	197	19	4:31A M
1		3. SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BI	PYADAY	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
T MAN		Female		Cauca	sian		15,1907	71	YRS.	MONTHS DAYS	HOURS MIN
1 AAA	5,	70. BIRTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1 14 8	6		onsin	U.S.	A.	WIDOWE		Pri	nce Ge	eorge's	MD.
1 41	30	IO CITY OR TOWN OF	DEATH				R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST			OF BUSINESS OR
201	2	Lanham					F Pr. Geo. Co	Housewi	fe	Н	ome
21:3 I hou of he d be	1	USUAL RESIDENCE (# N 130 STATE	IURSING HOME O	ROTHER INSTITUTION	, GIVE RESIDENCE BEFOR 13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
AND n 24 In 24 In str muss	0	Maryland	Pr.	Geo.	Bowie		YES DOX NO	12742 Mi	llstre	am Driv	ve
thi this		14. FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	73	LA:	51_
1 2 GE 3	φį	Emil			Botz	1.7.3	Mabel			O'Neil	
Some coper	1	(YES, NO OR UNKNOWN)	(IF YES GIV	RMED FORCES? VE WAR OR DATES)	216 74		Barbara Sko	330 <sup>40</sup>	Vew Co	ach Lar	ie
1 30 8 E		no	n/a		210 14	900A	Darbara Drog	Bowte	, Md.		CIMATE INTERVAL ONSET AND DEATH
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W. PRE		gove rise to cause (a), sto underlying ca	immediate ating the	DUE TO, O	RASA CONSEQUI	and the same	· / n.	and Da	6		
TO A TOP TO				(c)	ONTRIBUTING TO	27 1. 440	k 1		leder X	(TAL 10 40 LOT 1)	
B. Company		PART 2 OTHER S	GNAICANI	CONDITIONS	ON IRIBUTING TO	SEATH BUIL	NOT REVAILED TO THE TERM	AINAL DISEASE OF COI	2 1	144	100 May 201
No. of the last of	$\dashv$	190 DATE OF OPE	RATION	19b. COSID	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED
A Paris	2	190 OATE OF OPE				0		YES NOT	1	YING CAUSES	S OF DEATH?
ATA TO SOUTH BEST OF THE PARTY	9	210. ACCIDENT WAS				WEAD	21t HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM TB, P	PART 1 OR PART 2]	
P A P P P P P P P P P P P P P P P P P P		OR CONTRIBUTING		AIR	.M. MONTH D.	AY TEAR					
State of the state		(IF EITHER, NOTIFY ME  21d INJURY OCC			OF INJURY	ADM STSI	THE LOCATION	CHYONTO	tions.	COUNTY	STATE.
NIS PART THE			WORK	(AT HOME, ST	REET, FACTORY, OFFICE, I	ARM, ETC	1-60	111	7	- 0	STATE
d A sales		220.1 certify that	(I) (this hasp	oital) attended	e deceased fram	3/	22/8/10	10_ 6/		19 77	that (I) (ve) last
44 694 5		sow the depl	tosed plive o	of) view that book	otter death 19	7/ Dr	nd that in (my) (aur) opinian	death occurred an the	date and hau	r and from the	causes stated
A to the state of		275 STENANTE			1/	1	DEGREE Tennie	Chandhien.	M.D.	114 BAJE	SIGNAG
A the part of the		V	2-C	de la		0	Taunie Physician (	Chandhien	CIAN	97	4
d by the second	4	22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)	11-K	a.	III ADDRESS	- 1- >-	V_	11 6 11	(1) -7 1
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14/17		23a. BURIAL, CREMATIC	N, REMOVA	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	1 3 3	COUNTY	STATE
BP		Buria		11 JUN			Cemetery	Austin, M		Minnes	ota
DHMH-16 50M 7/77		24 FUNERAL DIRECTOR						TE REC'S BY REGISTRA	25b. REGIST	RAR'S FEL	TURE
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Company Company			

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	CEASED NAME	man G.	Hein.	emo	217 V7	OF	ESTI-		DAY YEAR 73 1979	26. HOUR
3. SE	Vale White	5. DATE OF BIRTH	-20 58	MONT	DER 1 YR. IF UNDER	MIN PRONO	UNCED	MONTH -23	DAY JEAR	24 HOUR
FC	DREIGN COUNTRY)		HAT COUNTRY?			ED LI	MC/	Ten	Y OF DEATH	
		11. NAME OF HOS	SPITAL, NURSING HOM			12a. USUAL OCC		E OF WORK	2b. KIND OF BI OR INDUST	USINESS RY
USU.	AL RESIDENCE (IF IN NURSING H	OME OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISS		1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			earch	Eng. U.	S.D.A.
	Md. Pr		Lanham		YES NO 🗆	6301 Ha		Dr.		
	FIRST	MIDDLE	Heinemann		FIRST	NAME	MIDDLE	3 W+	LAST	
16a. \	WAS DECEASED EVER IN U.S.	, GIVE WAR OR DATES)	166. SOCIAL SECURI		17. INFORMANT				CBC	
F	18. CAUSE OF DEATH (Ent	er anly ane cause per line	far (a), (b), and (c).)				Same as	\$ # 13	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
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					Hamicide , TITLE (SPECIFY) D. Deputy	Undetermined	manner ,	d in my apin DATE SIGNED	6/m	79
	(TYPE OR PRINT)	ATTEMPORE NAMED						Spri	ngs,Md.	20031
B	opecify)	6-27-79	Md. Vet.	Cem.		Chelter	ham	Pr.	Geo. M	TATE d.
24. F	UNERAL DIRECTOR RO 9013 Ann	bert G. Rea apolis Rd.	ll Funeral Lanham , Mo	Home!	250. DATE RI			STRAR'S SIG	Retired	1
	3. SE: Ne 110 C USU/, 130. S 14. F. H.	3. SEX  1 RACE  10 LITY OR TOWN OF DEATH  Lanham  USUAL RESIDENCE (IF INNURSING- 130 STATE 130 STATE 130 CITY OR TOWN OF DEATH  Lanham  USUAL RESIDENCE (IF INNURSING- 130 STATE 130 COMMANDER 130 STATE 130 COMMAND  14. FATHER'S NAME FREST  Herman  160. WAS DECEASED EVER IN U.S. (18. CAUSE OF DEATH (Entry PART I DEATH WAS CA  Conditions, if any, we gave rise to immercause (a) stating the unlying cause last.  PART 2 DINER SIGNIFICANT CONDITION  190. DATE OF OPERATION  210. EXTERNAL CAUSE WA UNDERLYING CAUSE 21d. INJURY OCCURRED WHILE AT WORK  220. I certify that I tack of death resulted from:  EXAMINER'S NAME A  CYPE OR PRINT)  230. BURIAL, CREMATION, REMOV (SPECIF)  BUTIAL  24. ENERAL DIRECTOR ROME  24. ENERAL DIRECTOR ROME  26. EVENT OF THE SIGNIFICANT OR SPECIFY)  BUTIAL  24. EVENT OF THE SIGNIFICANT OR SPECIFY  BUTIAL  25. EVENT OF THE SIGNIFICANT OR SPECIF	I. DECEASED NAME (TYPE OR PRINT)  J. SEX  J. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Nedraka  J. CITY OR TOWN OF DEATH  J. STATE  J. STATE  J. SEX  J. STATE  J. STATE	TO ECCASED NAME  (TYPE OR PRINT)  1. DECEASED NAME  (TYPE OR PRINT)  2. SEX  4. RACE  5. DATE OF BIRTH  6. AGE (SPATA  7. BIRTHPLACE (STATE OR POWN)  7. CHIZEN OF WHAT COUNTRY?  7. CHIZEN OF WHAT CO	FOR   STATE   REGISTRAR   MEDICAL EXAMINER'S CONTROLL   PART   PREST   PREST	FOR   DEPARTMENT OF HEALTH AND MENTAL H   MEDICAL EXAMINER'S CERTIFICATE O	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  NEDICAL EXAMINER'S CERTIFICATE OF DEATH  DECASED NAME  (IPPE OR PRINT)  JECTASED NAME  JECT	DEPARTMENT OF HEALTH AND MENTAL HYGIENE   REGISTRAR   MEDICAL EXAMINER'S CERTIFICATE OF DETAIL   REGISTRAR   MEDICAL EXAMINER'S CANDINAL   REGISTRAR   ME	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  REGISTRAR    STATE   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   Rec. NO   Registrar   Recipied   Recipi	STATE   STAT

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGUENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO AA ID DILE 20 DATE OF DEATH MONTH 1 DECEASED NAME 2h HOUR TYPE OF PRINT John June 79 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX DATE OF BIRTH YEAR MONTH DAYS HOURS mahe 0.2 Caucasian 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN CITIZEN OF WHAT COUNTRY? MARRIED - NEVER MARRIED Illinois PG IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mechanic - Ret. Clinton Automobile DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Southern Md Hosn JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 1136. CITY OR TOWN 1130 CITY OR TOWN 13a. STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Md. Pr. Geo. Hillside 1620 Pacific Ave. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Hilt Eisert Ludwig Kate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1620 Passific Ave. (YES NO OR UNKNOWN) I HE YES, GIVE WAR OR DATEST 578-16-4071 Alma Hilt Spalding Hgts. . Maryland No APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10 1/2b), and 10 PART I. DEATH WAS CAUSED BY phy IMMEDIATE CAUSE Canditions, if any, which gove rise to immediate couse (a), stating \*CONSEQUENCE OF underlying CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 100 1201 20h IF YES, WERE FINDINGS USED 200 AUTOPSY? 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED ō. IN CERTIFYING CAUSES OF DEATH? YES T NO [ NO YES [ 210. ACCIDENT WAS UNDERLYING 71h TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ō (IF EITHER, NOTIFY MEDICAL EXAMINER) Mei 21f. LOCATION 0 21d INSURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from -6-23 saw the deceased alive an. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN MPORTANI PHYSICIAN'S NAME (TYPE OF PRIN 22e. ADDRESS 23d, LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 6/26/79 Suitland Pr. Geo. Maryland Cedar Hill Cemetery ADDRES 160 OXON Hill RESO DATE REC'D. BY REGISTRAR 25% BEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 George P. Kalas Funeral Home (VRA 15 (4)) Oxon Hill. Md.

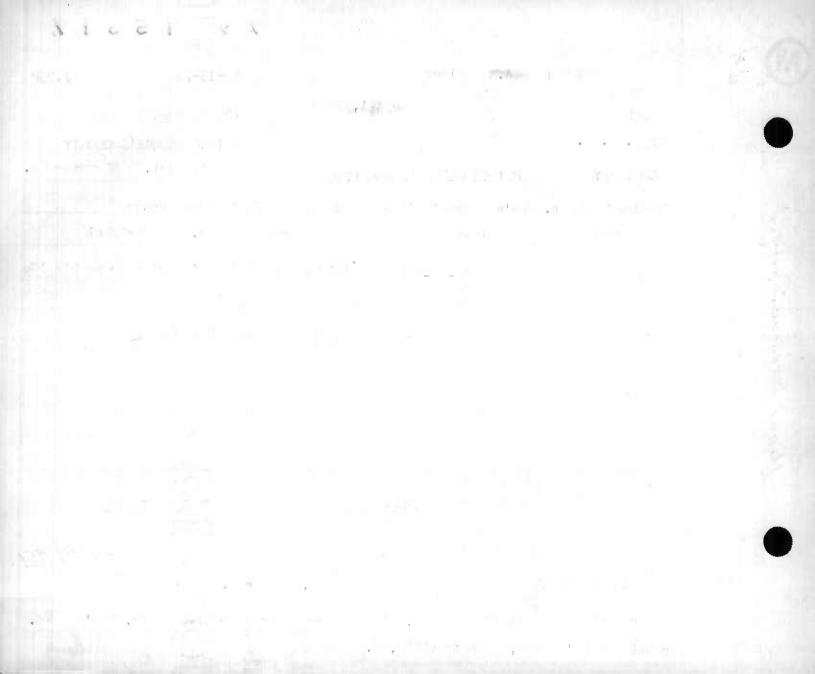
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	STATE REGISTRAR		N		HEALTH AND MENTAL IER'S CERTIFICATE		3	2	2
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(	Chever1	N OF DEATH	11. NAME OF H	OSPITAL, NURSING HOME H FACULTY, GIVE STREET ADDRESS! CEORGE & HO	spital	12a. USUAL OC	CCUPATION (TYPE OF WORKING LIFE)	J L CYGES  OF WORK 12b KIND OR IN  Heal	OF BUSINE
13c	STATE Varylan	E (IF IN NURSING HO)	ME OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE ADMISSI 130 CITY OR TOWN HILLCREST	Hgts 13d. INSIDE CITY LIMITS	2104 J	DRESS Jameson Re	oad	
14.	FATHER'S NAM Unkn		MIDDLE	LAST	15. MOTHER'S MAI	DEN NAME Mae		tschall LAST	
160.	WAS DECEAS	SED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURIT 223 12 34		th H Day		hurch, Va ver Lane	•
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ATION	gave cause ( lying co	rise to immedia a) stating the <u>und</u> ause last.	(b)	OR AS A CONSEQUENCE (	OF INAL DISEASE OR CONDITION GIVEN IN	PART 1 (a).		20 AUT	VDCA3
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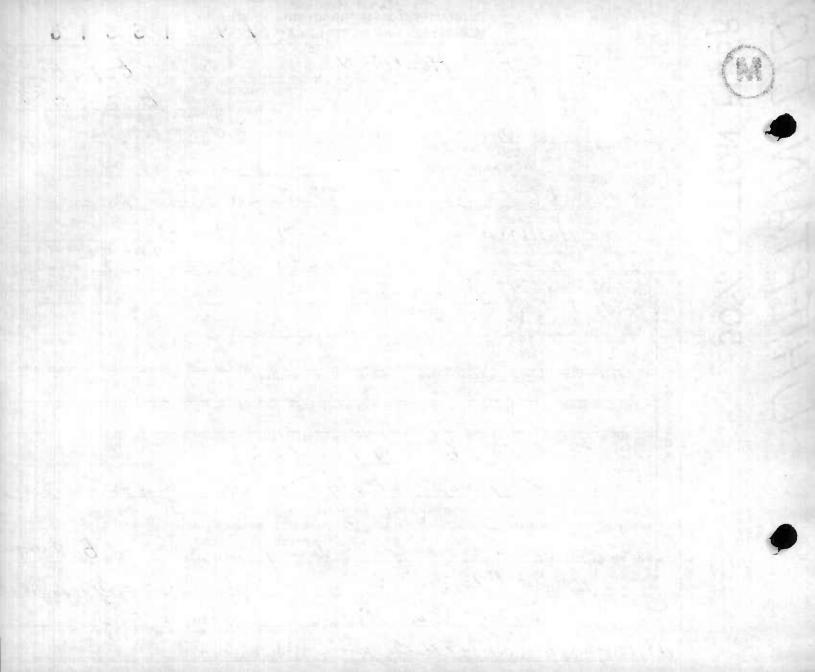
STATE OF MARYLAND

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	1.	FOR - STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGI CATE OF DEATH	eny 9	5 5 1	7
e		CEASED NAME FIRST	MIDDLE		ST	REG. NO.	DAY YEAR	26 HOUR
		ANTHONY	Hi A. Hi	ser		06-13-79		7:23P
	3. SE	<sup>X</sup> Male	4 RACE White	S. DATE O	F BIRTH  1, 1904  YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HR
ouce.	C	IRTHPLACE (STATE OR FOREIGN COUNTRY) Wash. D. C.	76. CITIZEN OF WHAT CO	MINITRY2 I	□ NEVER MARRIED 束	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
notified of	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME OF	R OTHER INSTITUTION	PRINCE GEO  12a USUAL OCCUPATION (Type of work for most of work Mechanic Re	126 KIND O	BUSINESS O
pe n	ÜŠU	CHEVERLY ALRESIDENCE (# NURSING HOME OF STATE	ROTHER INSTITUTION, GIVE RESIDE				U. LIOVO	
35	M:	STATE IN COUR		ttsville	134 INSIDE CITY LIMITS?  YES NO 1	13. STREET ADDRESS 5008 52nd Av	enue	
16	4	John	Hiser	LAST	FIRST Anna	4. MIDDLE	Schubel	
edicol		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?   166 SOC	IAL SECURITY NO	17 INFORMANT	ADDRESS		
E		No	215	14-7411	Winifred Mul	likin (sister		blk 13
injury, or other	NO	PART 2 OTHER SIGNIFICANT	OUE TO, OR AS A CO		NOT RELATED TO THE TERMI	nal disease or conditio	N GIVEN IN PART 1(0	1
Sws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOI	R WHICH OPERATION	I WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDIN CERTIFYING CAUSES YES 1	GS USED OF DEATH?
or Hem 18 shows ony		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		NTH DAY YEAR	21¢ HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN IT		
marked ar h	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR	Y RY, OFFICE, FARM, ETC.)	2) LOCATION STREET	CITY OR TOWN	COUNTY	STATE
If them 21 is		22a.l certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did not 22b. SIGNATURE	MAY 2/	19. 79 , one	d that in (my) (our) opinion d EGREE ATTENDING	ALEDICAL CYASS	d hour and from the c	
IMPORTANT	1	224. PHYSICIAN'S NAME (TYPE OF RAKESH AROR			22e ADDRESS	DIRECTOR PHYSICIAN (		
₹	23g.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF GE	METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	- (	Cremation	6/15/79	Ft. Lin	coln Crematory	Brentwood	Pr. Geo's	Md.

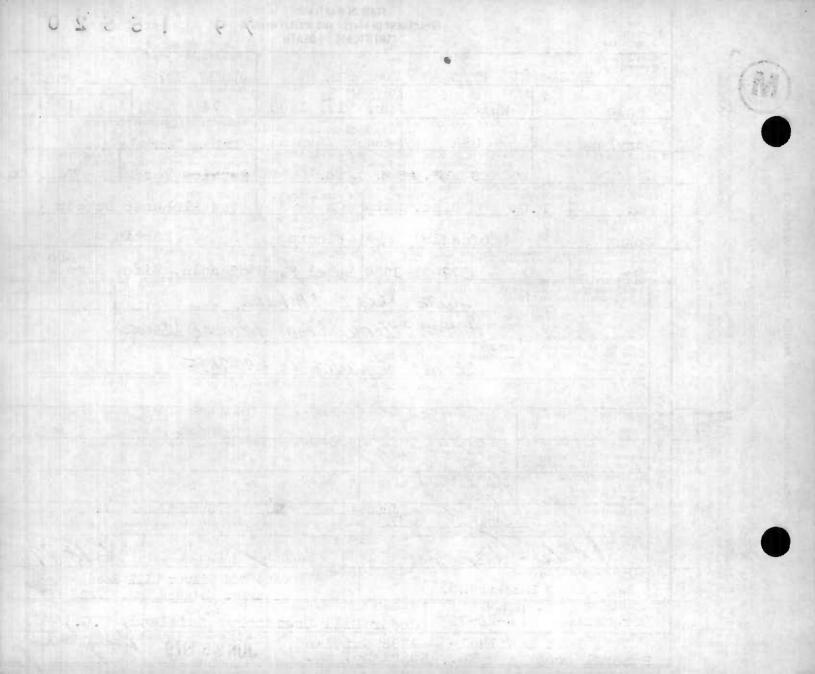


- 1		1		STATE OF MARYLAND	
7		11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2 1 9
-		_	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH RIG. NO.	5   8
1	M)		CEASED NAME FIRST	A. HOLIMON TO MOF ESTI-	6 - 7 19 74
1.	E LEE	3 SE)	Hale Black	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED  7. AND DEAD  9. DATE PRONOUNCED PRONOUNCED PRONOUNCED PRONOUNCED	- 7 1079 8 2d HOUR
	SSA STO		RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR C	OUNTY OF DEATH
-	RCESS CONFRANCE WHEST WHEST		FEIGN COUNTRY)	U. S. H. WIDOWED   DIVORCED   MICE (Sed	rges MC
	AY A A A A A A A A A A A A A A A A A A	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT INSUCH EACHITY, GIVE STREET ADDRESS)  404 Pritch and Lane  120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)  FOR MOST OF WORKING LIFE)	OR INDUSTRY
21201	IF ANY DEL. 2, AND 3 TO 3. RETAIN PSHOULD BE ALL RECORDS,	USUA 13a S		r other institution, give residence before admission)	1000
0.21	2, 2, 3. 3. 3. AL RI	14. F/	THER'S NAME	15. MOTHER'S MAIDEN NAME	FIFTIC
E, MD.	FTER DEATH, IF A E PAGES 1, 2, AI FORM PM 3, R ES 1 AND 2 SHG ON OF VITAL RE		Eugene Hol	Mind Betty Stewart	LAST
BALTIMORE,	SGHZA	16a. V (Y	VAS DECEASED EVER N.U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE V	MED FORCES? WAR OR DATES) WAS OR DATES) WAS OR DATES) WAS OR DATES WAS	at Possessy
			PART I DEATH WAS CAUSED		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST.,	HIN 24 HO IN ITEM 1 R ALONG SIT PERMIT HYGIENE,		9530 Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
W. PRI	CECUTED WITHIN 3" IN PENCIL IN AL EXAMINER A BURIAL-TRANSIT AND MENTAL HY AND MENTAL HY ON, OR REMOVAL		gave rise to immediate couse (a) stating the under-	(b)	
301	EXECUTED NG" IN PEI ICAL EXAM A BURIAL-1 A AND MEN HON, OR RI		lying cause last.	(c)	
CORDS,	"PENDING" IN "PENDING" IN EF MEDICAL E SED AS A BURI HEALTH AND CREMATION, C	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).	
ral REC	007553	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
DIVISION OF VITAL RECORDS, 301	m - ~ -		210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  AND AND THE TOTAL THE PART  AND	
ISION	CERTIFICATE ITING THE W DED TO THE E 3 SHOULD DEPARTMEN PRIOR TO BUI	MEDICAL	CONTRIBUTING CAUSE OF D	DEATH P.M. D- 19/9 /VENDEL STREET STR	
No	WR VAR AGE	¥	WHILE NOT WHILE AT WORK	Home prement 404 Pritchard fane Jargo,	Dr. Goorges, Ned.
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIR BALTIMORE, MARYLAND, 21:	11		e of the remains described obave, held on Autopsy , Inspection . Inquiry , and in all courses . Accident . Suicide . Homicide . Undetermined manner .	n my apinian
•	EX AM CERTIF JID BI DIREC WITH ARYLA		ACTUAL ASSESSMENT	TITUE (SPECIFY)	DATE A- P-MA
	SHOULD SHOW SHOW SHOW THE SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW		SIGNATURE ( ) & COLOR	M.D. AMEDICAL EXAMINER	SIGNED 4 0 19
	ACE AND FILE DE ALTIMA		(TYPE OR PRINT)	ADDRESS I A 472	-p Hrengs, Med
3	201	L	URIAL, CREMATION, REMOVAL 2	6-12-79 Oak Ridge Hackdin F	COUNTY JOD STATE
	MH-17 20M 1/73 /R A15 ME (5))	24. F	UNERAL DIRECTOR	1 425 Nange H Bunneyer 1111 1 1979 Links	RAR'S SIGNATURE
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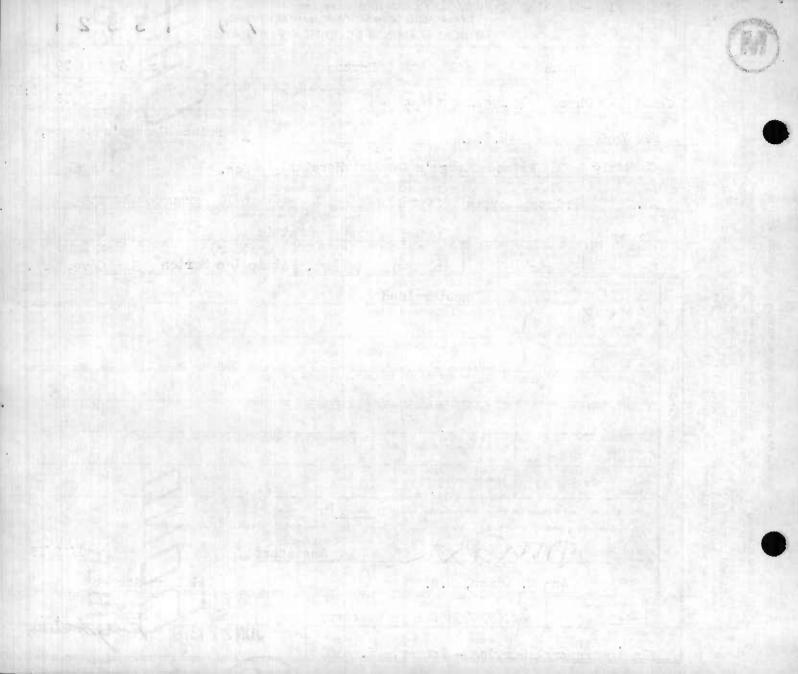


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGÆNE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) HOLMES IRVIN SHERLOCK 15 79 4:20p06 3. SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS Male Caucasian 12 14 23 55 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Virginia Prince Georges County WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF SUSINESS OR INDUSTRY Store
Giant Food 12n USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) SOUTHERN MARYLAND HOSPITAL CENTER Mechanic Clinton DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 20031 Pr. George's Temple Hills 5803 Fisher Rd. Apt. 202 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Holmes Eunice Andrew Seale 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 5803 Fisher Rd. #202 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mary T. Holmes Temple Hills, Maryland WWTI Yes 225-24-9111 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE resumme Canditians, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR ASA CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I NOL ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 71e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK AT WORK 270.1 certify that (1) (this haspital) attended the deceased from saw the deceased plive on above, (I) (we) (did) (did not view the body after death. , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 276/SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF should be detained the state PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME STYPE OF PRINT 22e ADDRESS THE BURIAL CREMATION. 73c NAME OF CEMETERY OR CREMATORY Suitland Pr. Geo.'s Maryland BP Cemetery BY WEGISTRARISH REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (4))

77 15519 



TO DECEASE DE NAME   PROJECT   CONTROLL   COUNTY   COUN		DEC	EGISTRAR	EIDCT		MIDDLE	ER'S CERTIFICATE		REG. NO.		
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Female White 6 -25 -194.3 35 VRS.    Female White 6 -25 -194.3 35 VRS.   ROUBS   ROUBS	3	CEV	14.0			The second secon					
The BRETHPLACE INVECTOR   The COUNTRY   The BRETHPLACE INVECTOR   THE BRETHPLACE IN BRETHPLACE I	3				MONTH DAY	YEAR LAST BIRTHDA	MONTHS DAYS HOURS	MIN PRONOL	INCED		
New York   U.S.A.   WIDOWED   DOWNCED   Prince George's County   New York   U.S.A.   WIDOWED   DOWNCED   Prince George's County   New York   WIDOWED   DOWNCED   Prince George's County   Widoward	-					1943 35 YR	S.		All the second s		
The City of Town of Death  The Court of Cheverly  The Court of Special Cou	9	FOR	IGN COUNTRY)					RRIED .	_	-	
Cheverly Prince George's General Hospital Sec.  USUAL RESIDENCE (IF IN NURSING HOME PROSPECT REFORE ADMISSION) INSTALL STATE  USUAL RESIDENCE (IF IN NURSING HOME PROSPECT REFORE ADMISSION) INSTALL STATE INSTALL S	-	D CIT	VOR TOWN OF	DEATH.	U.S.A.	ITAL NURSING HOME		44			
130 STATE   130	14				Prince Ge	orge's Gen	(DOA) eral Hospital	FOR MOST OF WO	ORKING LIFE)		OR INDUST
Md. Prince Georges Riverdale    Main	1		- 7		OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION	ON)				TIGEOT
14. FATHER'S NAME   MIDDLE   LAST   15. MOTHER'S MAIDEN NAME   MIDDLE   LAST   FIRST   FUrrman   Horton   Mattie   Lee   Brown     166. WAS DECEASED EVER IN U.S. ARMED FORCES?   166. SOCIAL SECURITY NO.   17. INFORMANT (mother)   ADDRESS 6 Alex Lane     18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)     18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)     19. PART I DEATH WAS CAUSED BY.   Undetermined     19. COnditions, if any, which gove rise to immediate couse (a) stoling the under-   DUE TO, OR AS A CONSEQUENCE OF     19. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?     19. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?     19. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?     19. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?     20. AUTOPSY?   YES \$\frac{\pi}{2}\$     210. EXTERNAL CAUSE WAS   216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR   19.     211. HOW INJURY OCCURRED   216. PLACE OF INJURY (AT HOME.   211. LOCATION   211. LOCATIO	A					Riverdal	YES X NO		ernuood	Terr	race
Furman    No.   Horton   Mattie   Lee   Brown	7		HER'S NAME	The date of c						2022	
166. WAS DECEASED EVER IN U.S. ARMED FORCES? (195. NO.) OR UNKNOWN) (1975. GIVE WAS OND DATES)   166. SOCIAL SECURITY NO.   17. INFORMANT (mother)   ADDRESS 6 Alex Lane   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   1.542   APPROXIMATE (BETWEEN ONSET ONSET)   1.542   APPROXIMATE (BETWEEN ONSET ONSET)   1.542   APPROXIMATE (BETWEEN ONSET)	80		FIRST		MIDDLE					. 1	
NO None Unknown  No None Unknown  It cause of Death (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  Undetermined  Conditions, if any, which gove rise to immediate couse (a) stoting the underlying cause lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING OR  PART 2 OTHER SIGNIFICANT CONDITIONS  210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR POWN MARCHAIN AND THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	11	60. W	AS DECEASED EV							6 Ale	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART I DEATH WAS CAUSED BY:   Undetermined	1	(YES	a.v			Unknown	Mrs Ma	,			
PART I DEATH WAS CAUSED BY:    Conditions, if any, which gove rise to immediate couse (a) stating the under-lying cause last.    Due to, or as a consequence of (b)   Due to, or as a consequence of (c)	F	T					THE S. P. LECT.	JULE LOO IN			APPROXIMA"
Conditions, if any, which gove rise to immediate couse (a) stating the under-  [lying cause last.]  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to).  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20 AUTOPSY?  YES   210. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING OR  CONTRIBUTING CAUSE OF DEATH  P.M.  190  211. INJURY OCCURRED  212. PLACE OF INJURY (AT HOME.  213. LOCATION  214. INJURY OCCURRED  215. CONTRIBUTING (AT HOME.  216. LOCATION			PARTIDEATH	WAS CAUSED	BY: IIm				1		BETWEEN ONS
Conditions, if any, which gove rise to immediate couse (a) stating the under- lying cause last.  (b) DUE TO, OR AS A CONSEQUENCE OF  (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to).  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION)			791	MMEDIAT	E CAUSE (0)		-	2000000		-	
gove rise to immediate couse (a) stating the under- lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to).  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 210. INJURY OCCURRED 210. PLACE OF INJURY (ATHOME, 211. LOCATION)			110	/	DUE TO, OR A	S A CONSEQUENCE	OF .				
COUSE (a) StOTING the under- Lying cause last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20 AUTOPSY? YES X  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED  21e PLACE OF INJURY (ATHOME, 21f. LOCATION)					(b)						
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196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20 AUTOPSY? YES X  216. EXTERNAL CAUSE WAS UNDERLYING OR OR CONTRIBUTING CAUSE OF DEATH P.M. 19  216. INJURY OCCURRED 216. PLACE OF INJURY (ATHOME, 21f. LOCATION		1	ALDY A CYLER CLONES	CINT COMPITIONS	(c)						
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UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  216. INJURY OCCURRED 216 PLACE OF INJURY (ATHOME, 21f. LOCATION				RATION	19h CONDITION	ON FOR WHICH OPED	ATION WAS PERFORMED?				I 20 ALITOPS
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  216. INJURY OCCURRED 216 PLACE OF INJURY (ATHOME, 21f. LOCATION				ERATION	19b. CONDITI	ON FOR WHICH OPER	ATION WAS PERFORMED?			-	
CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 210 PLACE OF INJURY (ATHOME. 21f. LOCATION			19a. DATE OF OPE					9.		k	YES 🛣
21d. INJURY OCCURRED 210 PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	1 2	CERTIFICATION	19a. DATE OF OPE	AUSE WAS	21b. TIME OF I	NJURY	21c. HOW INJURY OCCU	RRED LENTER NATURE OF	NJURY IN ITEM 18 PA	ART I OR PARI	YES 🛣
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	1 3	CERTIFICATION	19a. DATE OF OPE	AUSEWAS	21b. TIME OF I HOUR A.M.	njury Month day year	21c. HOW INJURY OCCU	RRED LENTER NATURE OF	NJURY IN ITEM 18 P/	ART I OR PARI	YES 🛣
	1 3	CERTIFICATION	19a DATE OF OPE 21a EXTERNAL CA UNDERLYING [ CONTRIBUTING [	AUSE WAS OR CAUSE OF D	21b. TIME OF I HOUR A.M. P.M. 21e PLACE OI	NJURY MONTH DAY YEAR 19 FINJURY (ATHOME,	21c. HOW INJURY OCCUI				YES X
	1 3	EDICAL CERTIFICATION	190. DATE OF OPE 210 EXTERNAL CA UNDERLYING [ CONTRIBUTING [ 21d. INJURY OCC	AUSE WAS OR CAUSE OF D	21b. TIME OF I HOUR A.M. P.M. 21e PLACE OI	NJURY MONTH DAY YEAR 19 FINJURY (ATHOME,	21c. HOW INJURY OCCUI				YES X
22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀 , Inspection 🔲 , Inquiry 🔲 , and in my opinion	1-3	EDICAL CERTIFICATION	210 EXTERNAL CA 210 EXTERNAL CA UNDERLYING ( CONTRIBUTING ( 21d. INJURY OCC WHILE NA AT WORK A	AUSE WAS OR CAUSE OF D URRED OT WHILE WORK	21b. TIME OF I HOUR A.M. P.M. 21e PLACE OI STREET, FACTO	NJURY MONTH DAY YEAR 19 FINJURY (ATHOME, RY, FARM, ETC.)	21c. HOW INJURY OCCUI	CITY OR 1	OWN	COUR	YES X
	3	EDICAL CERTIFICATION	210 EXTERNAL CAUNDERLYING ( 210 INJURY OCC WHILE NAT WORK AT WORK	AUSE WAS OR CAUSE OF D URRED OT WHILE WORK ot I taak chorge	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF STREET, FACTO	NJURY MONTH DAY YEAR 19 FINJURY (AT HOME, RY, FARM, ETC.)	21c. HOW INJURY OCCUI	CITY OR 1	OWN	COUR	YES X
deoth resulted from: A Natural couses , Accident , Suicide , Hamicide Undetermined monner ,	3	EDICAL CERTIFICATION	210 EXTERNAL CAUNDERLYING ( 210 INJURY OCC WHILE NAT WORK AT WORK	AUSE WAS OR CAUSE OF D URRED OT WHILE WORK ot I taak chorge	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF STREET, FACTO	NJURY MONTH DAY YEAR 19 FINJURY (AT HOME, RY, FARM, ETC.)	21c. HOW INJURY OCCUI	CITY OR 1	OWN	COUR	YES X
death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined monner ,	3	MEDICAL CERTIFICATION	210. EXTERNAL CA	AUSE WAS OR CAUSE OF D URRED OT WHILE WORK ot I taak chorge	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF STREET, FACTO	NJURY MONTH DAY YEAR 19 FINJURY (AT HOME, RY, FARM, ETC.)	21c. HOW INJURY OCCUI 21f. LOCATION STREET  Autopsy  Homicide TITLE (SPECIFY	CITY OR T	OWN  y , ond  nonner ,	COUNTY OP I	YES 🛣
death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined monner ,	1 3	MEDICAL CERTIFICATION	210 EXTERNAL COUNTY OF THE PROPERTY IN GEOMETRIS OF THE PROPERTY OF THE PROPER	AUSE WAS OR CAUSE OF D URRED OT WHILE WORK ot I taak chorge	21b. TIME OF HOUR A.M. P.M. 21e PLACE OF STREET, FACTO	NJURY MONTH DAY YEAR 19 FINJURY (AT HOME, RY, FARM, ETC.)	21c. HOW INJURY OCCUI 21f. LOCATION STREET  Autopsy  Homicide TITLE (SPECIFY	CITY OR T	OWN  y , ond  nonner ,	COUNTY OP I	YES 🛣
death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined monner ,  ACTUAL SIGNATURE , MEDICAL EXAMINER	1 3	MEDICAL CERTIFICATION	210 EXTERNAL COUNTRIBUTING (210 INJURY OCCUMPILE NOT AT WORK AT 220. I certify the death resulted for ACTUAL SIGNATURE	AUSE WAS OR CAUSE OF D URRED OT WHILE I WORK ot I taak chorge	21b. TIME OF I HOUR A.M. P.M. 21e PLACE OI STREET, FACTO of the remains description of the courses	NJURY MONTH DAY YEAR  19 FINJURY (ATHOME, RY, FARM, ETC.)  iibed above, held an Accident  , Su	21c. HOW INJURY OCCUI 21f. LOCATION STREET  Autopsy  Homicide TITLE (SPECIFY	criver tion , Inquir  Indetermined r  ant MEDICAL EXA	OWN  y	COUNTY OPIN	YES <b>X</b>
death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined monner ,	1 3	MEDICAL CERTIFICATION	210. EXTERNAL CA	AUSE WAS OR CAUSE OF D URRED OT WHILE I WORK ot I taak chorge	21b. TIME OF I HOUR A.M. P.M. 21e PLACE OI STREET, FACTO of the remains description of the courses	NJURY MONTH DAY YEAR  19 FINJURY (ATHOME, RY, FARM, ETC.)  iibed above, held an Accident  , Su	21f. HOW INJURY OCCUI 21f. LOCATION STREET  Autopsy  K, Inspecticide Homicide TITLE (SPECIFY M.D. Assist	criver tion , Inquir  Indetermined r  ant MEDICAL EXA	OWN  y	COUNTY OPIN	YES <b>X</b>
deoth resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined monner ,  ACTUAL SIGNATURE	13	MEDICAL CERTIFICATION	210. EXTERNAL CZ  210. EXTERNAL CZ  UNDERLYING [ 21d. INJURY OCC  WHILE NO AND	AUSE WAS OR CAUSE OF D URRED DI WHILE WORK ot I taak chorge	21b. TIME OF I HOUR A.M. P.M. 21e PLACE OF STREET, FACTO  21e of the remains described courses M. Dixon, 3b. DATE	NJURY MONTH DAY YEAR  19 FINJURY (ATHOME, RY, FARM, ETC.)  Tibed above, held an Accident , Su  M. D.  23c. NAME OF CER	21c. HOW INJURY OCCUI 21f. LOCATION STREET  Autopsy X, Inspecticide , Homicide TITLE (SPECIFY M.D. ASSIST.  ADDRESS	CITY OR TO	OWN  OND  OND  OND  OND  OND  OND  OND	COURT DATE SIGNED	YES X

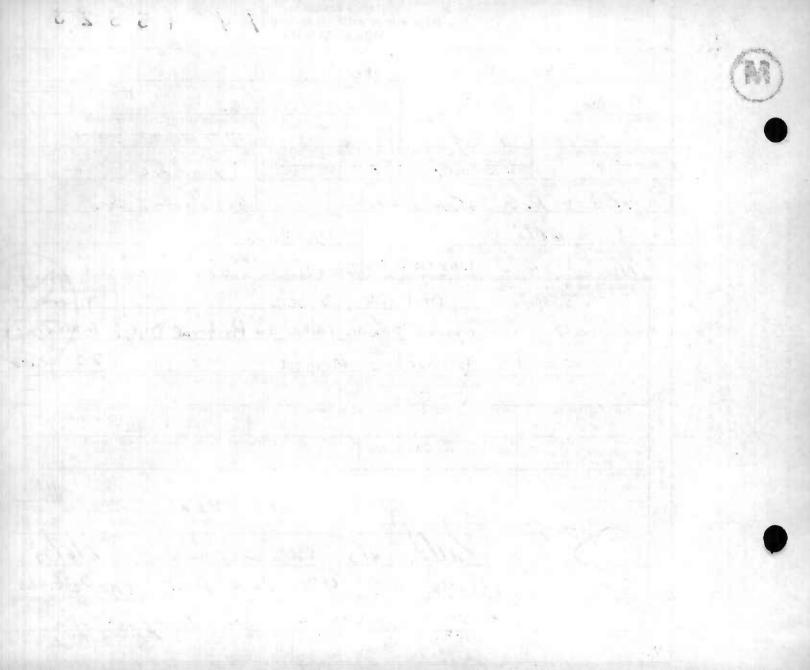


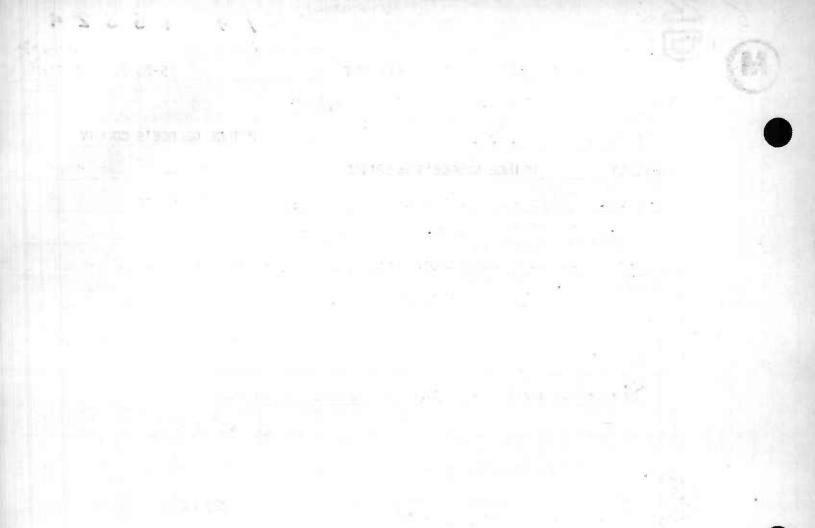
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CHAIRTAN PARTIES					

3	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	FINE 9 1 5	5 2 3
7		ECEASED NAME FIRST	EVELVN	HUNT	20 DATE OF DEATH MONTH D	DAY YEAR   26. HOUR P   12:50 M
7	3 SI	Female	1. RACE Black	5. DATE OF BIRTH  MONTH  7-2/DAY-1918		IF UNDER 1 YEAR IF UNDER 24 HRS
funeral direction 72 to 1		SIRTHPLACE ISTATE OR FOREIGN (COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY PRINCE GEORGE'S	
illed will	5	HEVERLY		OF HOME OR OTHER INSTITUTION ADDRESS) GENERAL HOSPITAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
should be er must be		STATE 13b COUP	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR STY 6. 13c. CITY OR TOW FPIN MOUS	N 134. INSIDE CITY LIMITS?	130. STREET ADDRESS	Dvc.
examine	14 F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
medical	160		EMED FORCES? 166 SOCIAL SECU EWAR OR DATES) 0 11 C 244-34-		1501 13+ 5+100,	
mit Then please remove corbon popers. E prior to burial, cremotion, or removal. any injury, or other traumatic event, the n	NOI	Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUI (b) Chronic Due to, or as a consequi	pable Sepsis RENT FAIlure or	V Perstmeal Did	BAPPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  TWEEK  SI G MONTHS +  ZO + YEAKS  EN IN PART 100
Hygiene priar	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
Mental or Hem	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	COUNTY STATE
rote Dept. of Heolth ond		spw the deceased alive an above (1) (we) <del>(did)</del> (did) of 22b. SIGN ATTR	n all	DEGREE  ATTENDING PHYSICIAN (	deoth occurred on the dote and hour	19 79, that (I) (we) lost or and from the causes stated  22c. DATE (CANE)
with the State	230	22d, PHYSICIAN'S NAME (TYPE OF STEUP N M	n Porcak	MD 4700 A	1.11/1/	CAMP SPRINGS
DM 7/73 (4))	2h1	WNERAL DIRECTOR	Sons 4/9 FADDRESS	Brustale JUN		RAR'S SIGNATURE  LEY ME Crassly

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGUENE ( - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) asah 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. DAYS HOUR5 To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? NEVER MARRIED inia DIVORCED [ WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL 126 KIND OF BUSINESS OR bour 1091 PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE, LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13d INSIDE CITY LIMITS? 15500 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-36-5590 W.W 1 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH pape 18 CAUSE OF DEATH (Enter only one couse per line for (a), jb), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ö DUE TO, OR AS A CONSEQUENCE OF teriosalerosis Conditions, if ony, which gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ő DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? pe ond Mentol Hygiene NO NO F ial-tronsit 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. Her 19 bur 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK un 22a.1 certify that (1) (this hospital) attended the deceased from. Jun and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATORE DEGREE 22c. DATE SIGNED \* ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME ENER PRESINGCENEY M. D. 22e. ADDRESS ld b 402 Main Street Laurel, Maryland 20810 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))

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FOR 1 - STATE	The second secon	DEPARTMENT OF HEALTH DICAL EXAMINER'S (	AND MENTAL HYGIENE	155	2 6
I. DECEASED NAME	RST	MIDDLE	LAST 28. DATE OF	REG. NO.  KNOWN MONTH ESTI-	DAY YEAR 26. HOUR
3 SEX 14 RACE	5. DATE OF BIRTH	INTELL	/// DEATH	MATED 4	19 79 M
7 11	MONTH DAY	SAL DE MONT		INCED	79 7
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WH	MARR	IED NEVER MARRIED 7. BALTI	MORE CITY OR COUNTY	OF DEATH
WASHINGTON, D		WIDOW		JPATION (TYPE OF WORK 1)	MD 2b. KIND OF BUSINESS
Lanham	(IF NOT IN SUCH FAC	CILITY, GIVE STREET ADDRESS)	FOR MOST OF WO	DRATION (TYPE OF WORK TO DRKING LIFF)	OR INDUSTRY
USUAL RESIDENCE (IF IN NUNSING	Doctors HOME OR OTHER INSTITUTION, GIVE COUNTY	Hospital of Pr re residence before admission) [13c. CITY OR TOWN	Geo. Co. HUL		
	NTGOMERY	SILVER SPRING		ONOVER DRIVE	5
14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAME	MIDDLE	LAST
ALFONSO 160. WAS DECEASED EVER IN U	S. ARMED FORCES?	LEPRE	ANGELA  17. INFORMANT	ADDRESS	GIAMPAGIA
(YES, NO. OR UNKNOWN) (IF YI	S, GIVE WAR OR DATES)	217-48-5975	VIRGINIA MARAIO	SAME AS 13	3 DAUGHTER
18. CAUSE OF DEATH (Er	ter only one cause per line	for (a), (b), and (c).)	- 1	orane no n	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS C	AEDIATE CAUSE (a)		solism		
Conditions, if ony,	which	AS A CONSEQUENCE OF	hantonic trade	TIAR.	
gave rise to imm cause (o) stoting the		AS A CONSEQUENCE OF	nante de praes		
lying cause last.	(c)				
- 10 /	DITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART 1 (a).	eulor desce	ise
190. DATE OF OPERATION  190. DATE OF OPERATION  210. EXTERNAL CAUSE W	19b, CONDIT	ION FOR WHICH OPERATION W	VAS PERFORMED?	eas a re	20. AUTOPSY?
1 Hay 30,1	979 Sews	tt nailing of	intertrocham to	ue partiere	YES NO
	HOURAM	MONTH DAY YEAR	OW INJURY OCCURRED (ENTER NATURE OF	NJURY IN TEM 18 PART 1 OR PART	2)
UNDERLYING CONTRIBUTING CAUSE  214 INJURY OCCURRED  WHILE DOT WHI	P.M.		cation walk	ereg	
WHILE NOT WHI	E Wille L	FARM, ETGY TIME 38	5TREET Let Stord Visto	Bard Mitch	alloille Brue
	charge of the remains desc	cribed obove, held an Autap	osy , Inspection Inquir	y and in my apin	e- Red.
death resulted from:	Natural causes .	Accident , Suicide	, Hamicide . Undetermined r		
ACTUAL AL	with PY	Delinens /	TALE (SPECIFY)	DATE	6-6-70
SIGNATURE	jura 1. 1	"	A.D. MEDICAL EXA		6 17
EXAMINER'S NAME (TYPE OR PRINT)	EUSTO P. R.	OBRIGUOZ	ADDRESS 5009 Ray bear	Chy Coroup V	prings, and
230. BURIAL, CREMATION, REMO		23c. NAME OF CEMETERY C	CITY OR TOWN	INGTON, D.COUNC	STATE
24. FUNERAL DIRECTOR ED		179 MT. OLIVET	CEMETERY WASH		e Bussely
		PRING, MD. 20901	JUN 12 1979	hallaha	

. . . . . Le Tres de la constante de la WASHINGTON OF U.S.K. MARYLAND ARATGONERY STANES SPEEM X 1822 CONOVER ORIGINE int, THAT + 1 - - 2 277-28-2975 UTROTHE WEATH SALE AS 13 DAMMINE Vertical Extra arthur bearing and a second and a second and the second of feet to the state of the state Manufacture of the property of the second Market War was the Second of the Second Seco THE THE STATE OF THE CHIEFFON LIBERTY D. C. JENN WITH SCHOOL STLVER SPRING VER COSCI CONTRACTOR DE LES CONTRACTOR DE L'ANGEL CONTRAC

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENZ

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FOR STATE

## STATE OF MARYLAND

DEPARTMENT-OF HEALTH AND MENTAL HYGIENE

									Y YEAR	01 110110	
	CEASED NAME	FIRST	1	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH DA	TEAR	26 HOUR	
litte	OK PRINT]	Carl		J.	Je	rnberg	June 24,	1979		3:00A M	
3. SEX	(		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS	
	Male		White	e	May	25. 1898	81	YRS.	NTHS DAYS	HOURS MIN	
	RTHPLACE STATE ORF	OREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8		9 BALTIMORE CITY C		FDEATH		
CC	Kansa	6	U.S.	A.	WIDOWE	NEVER MARRIED	Pr. Geo.	Co.		MD	
10 CI	TY OR TOWN OF DE		1). NAME OF	HOSPITAL, NURSI	NG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR	
(	Cheverly			eo. Gen.			Security 0		INDUSTRY U.S.	Gov't.	
	AL RESIDENCE (IF NUR	SING HOME OR				IN A PACIFIC CITY AND ITCO					
130. 3	Md.	P.		Greenbe		YES NO [	53-B Cresc	ent Rd.	Ant-	105	
4 FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME			200	
Da	eter		A -	Jernberg	œ	Hilda	WIDDLE	- 3	Osbu	ST PPP	
16a V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SEC		17 INFORMANT	ADDRE	SS Addre	esa Sa		
(Y	Yes, no or unknown)	(IF YES, GIVE	WAR OR DATES]	536-40-9	0055	Beatrice C.	Jernhere		No# 13e.		
						Death Ice C.	oermoerg			ONSET AND DEATH	
	PART I. DEATH V	VAS CAUSEI	BY	Carallo	0 /1	wantel /	2-11+		BETWEEN	ONSET AND DEATH	
					" W LILLY	ANTER CONT.	1 - 1				
	11	IMMEDIAI	E CAUSE (a)	C 07. C1. Q	1/ 0	July 1				1	
	4409	IMMEDIAI		R AS A CONSEQU	JENCE OF	1 ~ 0.	100	F. D.		Voan	
	4409 Canditions, if any	, which			JENCE OF	east Fails	me ) Renal	Facer		leen	
	gove rise to im- cause (a), statu	, which mediate ng the	DUE TO, O	R AS A CONSEQU	JENCE OF	east Foul	me ) Renal	Farler		Le en	
	gove rise to im-	, which mediate ng the	DUE TO, O	RAS A CONSEOL	JENCE OF	1 ~ 0.	me ) Renel	Faler	y	Years	
	gove rise to imi cause (a), statil underlying cause	, which mediate ng the e last	DUE TO, O (b) ( DUE TO, O (c)	R AS A CONSEQUENCE R AS A CONSEQUENCE OF THE PROPERTY OF THE P	JENCE OF JENCE OF JOSEPH	east Foul	NAL DISEASE OR CON				
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DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate his should be detached for use as the burial-transit p with the State Dept. of Health and Mental Hygien

24 FUNERAL DIRECTOR

F. Gasch's Sons F.H. P.A. Hyattsville, Md.



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g. Casen's Rose C.E. I.A. Contraville, No.

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12			FOR STATE		D			AND MENTAL		1 1	5 5	3 0		
	-		REGISTRAR		MED		INER'S C		OF DEATH	REG. N	<b>8</b>			
1	(a.t		CEASED NAME	111	THERINE	MIDDLE A		LAST JOHNSON	20. DATE	KNOWN E	MONTH D	DAY YEAR 2b. H	IOUR	
1	WILL.		Ca.	ther.	nu	10	HHS	KC		H MATED	6-1.	3 1979	M	
	HOU STREET	3. SEX	1. RAC	6. to	DATE OF BIRTH	YEAR LAST BIR	THDAY) MONT		R 24 HRS. 2c. DA MIN PRONOI	UNCED	MONTH E	TAY REAR 24 1	35	
	A TO TO	70 BI	RTHPLACE (STATE OR	10,00	76. CITIZEN OF WH		YRS.		9 BALT		OR COUNTY O	DE DEATH	M	
	S TORES	FO	Beign Buntry)		U.S	.A.	WIDOW	IED DIEVER MAR	CED	mee	Crean	Es.	MD.	
	A PERE		ry or town of DEA	TH	11. NAME OF HOSP (IF NOT IN SUCH FAC 4205 E	LITY, GIVE STREET ADDRE	OME, OR OTH SS) Fe•	ER INSTITUTION	120. USUÁL OCC FOR MOST OF W Bookkee	CORVINIC LIES		or industry etail Sto		
21201	2, AND 3 TO 3. RETAIN PA SHOULD BE F IL RECORDS, 3	USU A	L RESIDENCE (IF IN NUI	13h COUNTY		RESIDENCE BEFORE ADA	N	13d. INSIDE CITY LIMITS?		RESS Lastern	Ave			
.2	3. SH	14. F.A	THER'S NAME		00200		*01	15. MOTHER'S MAI			NACO		=	
E, MD.	DEATH, II		Kenneth	M	MIDDLE	Skinne		Cather		MIDDLE	Leyhan			
OR	~ ~ ~		AS DECEASED EVER	IN U.S. ARMI		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	Dtr.	ADDRESS	Rockvi	ockville, Md.		
BALTIMORE,	A > TO S	(1)	No No	(IF YES, GIVE W.	AR OR DATES)	577-01-82	261	Mrs Joyce	Brown, 5	6006 Ad	rian St	.,		
ST.,	HIN 24 HOURS IN ITEM 18. GI IR ALONG WITI SIT PERMIT, PAR HYGIENE, DIVIS		18 CAUSE OF DEAT PART I DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY: (Lx	Ferco Se	Lerd,	he con	des Vas	eulov	desea	APPROXIMATE INTERVIBETWEEN ONSET AND D	VAL DEATH	
PRESTON	N 24 HO N ITEM 38 ALONG T PERMIT YGIENE,		4292			S A CONSEQUEN	CE OF		1					
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× .	XECUTED WITH G" IN PENCIL CAL EXAMINEI BURIAL-TRAN AND MENTAL ON, OR REMOV		couse (o) stating	the under-	< (-)	S A CONSEQUEN	CE OF							
301	EXA EXA RIAL OR		lying couse lost.		(c)									
			PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	INTRIBUTING TO DEATH B	T NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (a).					
RECORDS,	ENDING MEDIC MEDIC AS A EALTH,	NO	( humi	E 6/13	Shretu	e Vulm	mar	dellar	2					
REG	국 아 는 의 도 는	AT	190. DATE OF OPERA	ATION	196. CONDITI	ON FOR WHICH O	PERATION W	AS PERFORMED?				20. AUTOPSY?		
ITAL	らき ラック・ラ	Ħ	2.97						rang.		-2	YES NO	×	
OF VITAL	WORD THE CH THE CH TO BE U AENT OF BURIAL,	CERTIFICATION	21a. EXTERNAL CAU		216. TIME OF	NJURY MONTH DAY Y		OW INJURY OCCUR	RED JENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2			
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DIVISION	CERTIFIC TING THE DED TO 3 SHOU DEPARTA PRIOR TO	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE O	FINJURY JAT HOM	E, 21f. LC	CATION	CITY OR	TOWAL	COUNT	v s	TATE	
19	E WRITING THE WOR E WRITING THE WOR RWARDED TO THE OF THE OFFINION BE STATE DEPARTMENT OF 21201 PRIOR TO BURIA	×	AT WORK AT W	WHILE	STREET, PACIO	RT, PARM, EIC.)		SIRCEI	CITOR	TOWN	COOM		1012	
	ST. ST.		22a. I certify that	I took chorge	of the remains dese	ribëd obove, held o	n Autop	sy , Inspect	ion d. Inqui	ry , oi	nd in my opinio	on		
	L EXAMINER: E CERTIFICATE DULD BE FOR L DIRECTOR: H, WITH THE MARYLAND, 2		death resulted from			Accident .	Suicide	, Homicide	, Undetermined	monner .				
	CERTINO BOILD BOIREC			1.	100	0.	/	TIPE (SPECIFY)				1 11 7	10	
	AN , WA		ACTUAL SIGNATURE	Hegy	sto f. g	myung	N	1.0 fly July	MEDICAL EX.	AMINER	DATE SIGNED	6-14-1	2	
	TO MEDICAL E: EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V BALTIMORE, MA	-	EXAMINER'S NAME (TYPE OR PRINT)	Mace	sto P. K	Coperco	102	ADDRESS 500	9 Roy	busnle	the Car	up Sprice	4)	
	PAG TO TO BALL	23a. B	URIAL, CREMATION, F			23c. NAME OF	CEMETERY	R CREMATORY	23d. LOCATION	٧	Midout	-00 /3 JATE 0	7	
4	7 600		Burial		/15/1979			Cemetery	Drent	wood, M	arylan	d.		
	AH-17 20M 1/73 R A15 ME (5))	24. F	NERAL DIRECTOR	JOS	EPH GANGE	ER'S SON	S INC.	25a. DAT	E REC'D. BY REGIST	RAR 256. REG	SISTEAR'S SIGI	Ma Credy		
1				5138 V	VISE. AVE., N.	W. WASH, D.	6. 2931	3	AOM TO P	ישוי				

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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PLEASE RECTOR R FILES HOURS STREET.	3. S			5 DATE OF BIRTH	YEAR LAST E	BIRTHDAY) MONT		NDER 24 HRS	PRONOUNG	CED	MONTH	DAY YEAR	8 49 R
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AY IS N THE F AGE 5 FILED,	10.	CITY OR TOWN		(IF NOT IN SUCH F	SPITAL, NURSING H ACILITY, GIVE STREET ADD	RESS)		FOI	R MOST OF WORK	ING LIFE		OR INDUST	RY
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AN AN SHO	4	D.		one	Washin	gton			05-5re	st,	N.J	<u>.                                    </u>	
UZN I D	0/14	FATHER'S NAM		MIDDLE	LAST		15. MOTHER'S A		t <sub>n</sub> , MIC	DIE	Ye too	LAST	
	//		Jehnse		1	THE PARTY AND	Mild	red V	iner	ADDRESS			
	2 160	(YES, NO, OR UNKN	ED EVER IN U.S. ARM		16b. SOCIAL SEC		Pauli	ne Jol	hnsen	( W	life)		
URS AFTER 3. GIVE PA WITH FO PAGES DIVISION		Yes	U.S	. Army	Unkn	own	8110	Allen	dale I	r. I	ande	yer, Mo	
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ORY 21 ST		22a. 1 cer	rtify that I took charge	e of the remains de	escribed above, held	Ion Autop	sy X, Ins	pection .	Inquiry	, or	nd in my op	inion	
<b>≧</b> □	16	death resu		al couses ,	Accident .	Suicide	, Homicide	, Und	etermined mor	nner .			
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TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BI TO FUNERAL DIREC AFTER DEATH WITH BALLIMORE, MARWA	I	(TYPE OR PI	SNAME Virgi	nia L. De	olan, M.D	•	ADDRESS 111			, Bal	timor	e, MD 2	1201_
TO A EXEC PAGE TO FI	234	/SPECIEVI	ATION, REMOVAL 2				R CREMATORY	e Cr	LOCATION TY OR TOWN		COU	NTY 5	STATE
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INC. 4339 HUNT PT.

FUNERAL HOME,

FOR

DHMH-16 20M

(VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME E DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER IF UNDER 24 HRS DATE RONOUNCED DEAD ale YRS 70. BIRTHPLACE (STATE OF T) . C . 7b. CITIZEN OF WHAT COUNTRY 9. DESTIMORE CITY/OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Washington. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK THE KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! Prince George Retired ISUAL RESIDENCE IN HIMES HE OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) D.C. 13a. STATE US COUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS Avenue S.E. Washington YES C NO [] MIKJ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Richard LAST MIDDLE LAST PAGES 1 AND DIVISION OF Johnson Edna Wright 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 1803 578-05-8670 Hvattsville. Ramon Johnson CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY suoscherle dander Vascular deslar IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 301 F HEALTH AN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES 🗌 NO T BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BAITHWORE, MARYLAND, 2120 IPRI STREET, FACTORY, FARM, ETC.) WHILE STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Natural causes Accident Suicide Hamicide L Undetermined monner TITLE (SPECIFY) Deputy SIGNATUR MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. 20031 EXAMINER'S NAME Augusto . Rodr guez, M.D. TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Lincoln Cemetery Burial Suitland BP Maryland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Johnson & Jenkins 716 Kennedy St, N.W. (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

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	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director. Against should be detached for use as the burial-transit permit. Then please remove carbampapers: Pages 1 and 2 should be filled within 72 hours often tool, with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.
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TO HOSPITAL CATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after decim. Page 4 m retained by the haspital or attending physician.	funeral hin 72 h
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other troumatic event, the medical examiner must be notified at ance.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR			DEPARTM		CATE OF	MENTAL HYG DEATH	GIENTY (	REG.	NO.	5	5 3	5 4	
		CEASED NAME	F裸ST	MIDDI	(E	LA	ST		2e. DATE C			DAY	YEAR	2b. HOUR	
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/	MEDICAL CERT	21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY ME 21d. INJURY OCCI	CAUSE OF DEAT	218. TIME OF IN HOUR A.M. P.M.	MONTH DAY	Y YEAR	216. HOW I	NJURY OCCUR			JURY IN ITEM		OR PART 2		
1	MEC	WHILE TO NO	T WHILE WORK		FACTORY, OFFICE, FAI	RM, ETC.)	STREET			CITY OR 1	OWN	c	OUNTY	STAT	Œ
		saw the dece	eased alive an e) (did) (did not	view the body after	er death.	, and	d that in (my	(our) opinion  ATTENDING PHYSICIAN	MEDICA	. si	AFF	haur and	from the		ed
1		224 PHYSICIAN'S	NAME ITYPE OR		- 0		220 ADDRE	C C	TWER			LAVI	ZEL,	m 1)	
2		BURIAL, CREMATIO SPECIFY) Buri		236. DATE JUNE 23				CREMATORY emeter		ORTOWN	sex.	No:		Caro	

DHMH-16 20M (VRA 15, 4) 7/7B

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

14 FUNERAL DIRECTOR D'Atney's 3831 Ga. Avéoress N. W.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

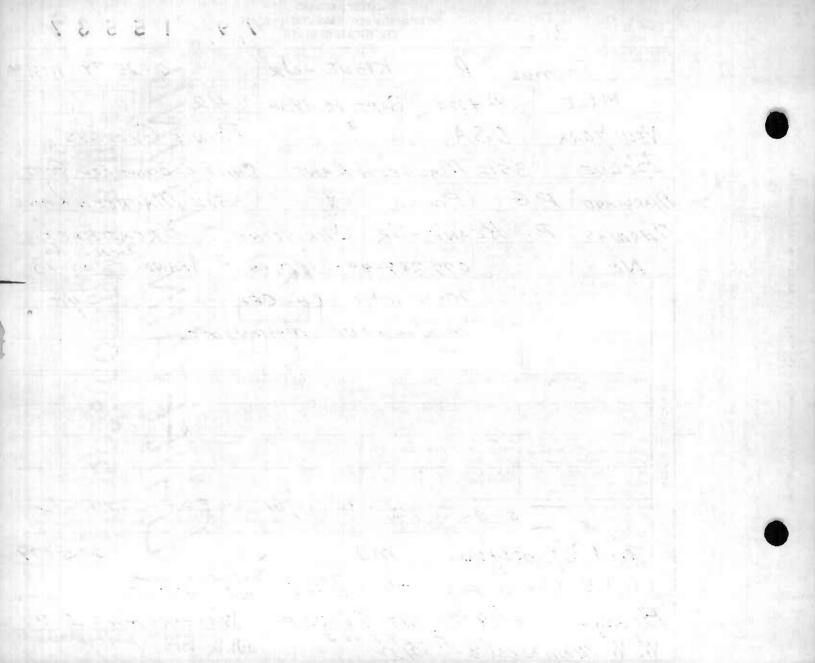


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) 28 12:54p 79 D. JONES 06 VIOLA 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH HOURS Female Black 10 19 98 80 TO BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COLINTRY Prince Georges County USA Wash., DC WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Clinton SOUTHERN MARYLAND HOSPITALCHNTER Retired PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS PIO Maryland Prin. 8417 Hamilton St. Geo. Lanham 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST UNKNOWN Joseph Dunnington Bowie, Maryland 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-16-0576 Frank Jones-Son-4413 Olando Lane, NO 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause 101, stoting DIVISION OF VITAL RECORDS, 201 W. underlying cause DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ Hygie 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH oute MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M te 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive an. and that in (my) (aur) apinion death occurred an the date and hour and from the couses stated obove, (1) (we) (did) (did not) view the body ofter deoth 715 SIGNATURE DEGREE **ATTENDING** PHYSICIAN DIRECTOR PHYSICIAN SWAME ITTE 22± PHY5KBark 22e. ADDRESS 214/NAME OF CEMETERY OR CREMATORY 23s BURIAL CREMATION 238 DATE (SPECIFIC Laurel, Maryland Nationa. Maryland DHMH - 16 60M 1/75 (VRA 15 (4)) Home-4001 Road Benning

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ale light Nov. 30,1908 35 No. Carolles United States District Heights - thing a port of a list the Heights and divergence Maryland | Prince Coord District | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 198 | 1 Jumes H. Ken Namer State Lee Bestein The Little to Tolke of the Man is the Man and the Little of the Little o medical and the state of the st -200-cH Songy Rosentl's Funeral Syste Nonelall. THE RESERVE OF SECTION AND THE PERSON OF SEC ALEGARDER E. POPE-SOLY Pennsylvania Ave., S. E.

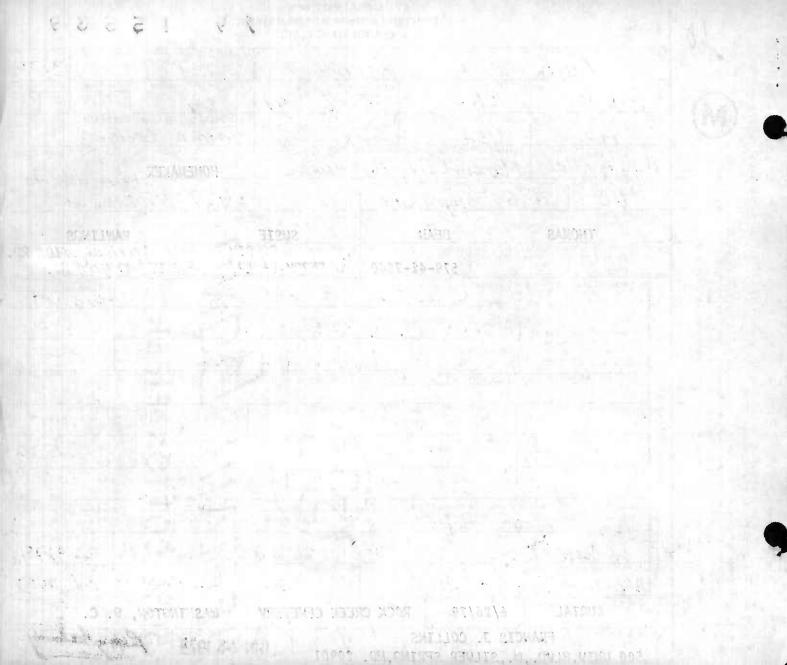
STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2n DATE OF DEATH MONTH ' DAY 26. HOUR TYPE OR PRINT LORENA 1-2V-4 RACE 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOURS. 26. 1901 FEMALE WHITE 77 In BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WEST VIRGINIA U.S.A. PRINCE GEORGES DIVORCED 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE U.S.GOVT. HYATTSVILLE CARROLL MANOR NURSING HOME BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ADELPHI 9400 ADELPHI ROAD MARYLAND PRI GEO YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST TURNER HARRY MARY KEEGAN ADDRESSILVER SPRING MD. SISTER 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 577-60-4195 ALICE V. KEEGAN. 1111 UNIV. BLVD., WEST NO 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION Pb. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.l certify that (I) (this bosotial) Ittended the deceased from saw the deceased alive an white the bady after death. , and that in (my) (aur) apinian death occurred an the date and haur and from the causes states 22b. SIGNATUR DECREE 27c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 221 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS should be 3415 HAMILTON ST., HYATTSVILLE, MD. JOHN F. BRENNAN 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL GATE OF HEAVEN SIEVER SPRING MD. 6/26/79 BURTAL 24. FUNERAL DIRECTOF RANCIS J. COLLINS DHMH - 16 50M 1/76 (VR A 15 (4)) 500 UNIV. BLVD. . WEST. SILVER SPRING. MD. 20901

1001 38 TES AT TARTUTOR THAT WE'S TO WANTED TO SEE THE TOTAL TANK THREET NOVE TALEST - DEC EXT ONATIONAL M'ENERS BRITES BREEZE 577-60-0195 ALICE V. KEEGLA, 1111 UNIV. BLVD., DEST SEER REVIEW ST. LEVATISUILLE NO. FIGURE AND THE MAN STREET, STANDARD STREET, SERVICE SERVICE SERVICE STREET, STREET, SERVICE SE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR MONTH DAYS HOURS. ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | George's WIDOWED Ince DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION pino 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE THOMAS BEAN RAWLINGS SUSTE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? COUSTN 166 SOCIAL SECURITY NO 17, INFORMANT 10024 STEDWICK RD. (YES, NO OF UNKNOWN) I (IF YES, GIVE WAR OR DATES) 579-42-7840 GAITHERSBURG. MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which COI1 gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 NO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? be NO YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 38 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK sow the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (4) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED should be deto with the State I MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS (SPECIFY) CITWASHINGTON, DNTY C BP 24. FUNERAL DIRECTOR FRANCIS J. COLLINS DHMH - 16 60M 7/73 (VR A 15 (4)) 500 UNIV BLUD W. STLVFR SPRING MD. 20901



250. DATE REC'D. BY REGISTRAR 280 REGISTRAR'S SIGNATURE

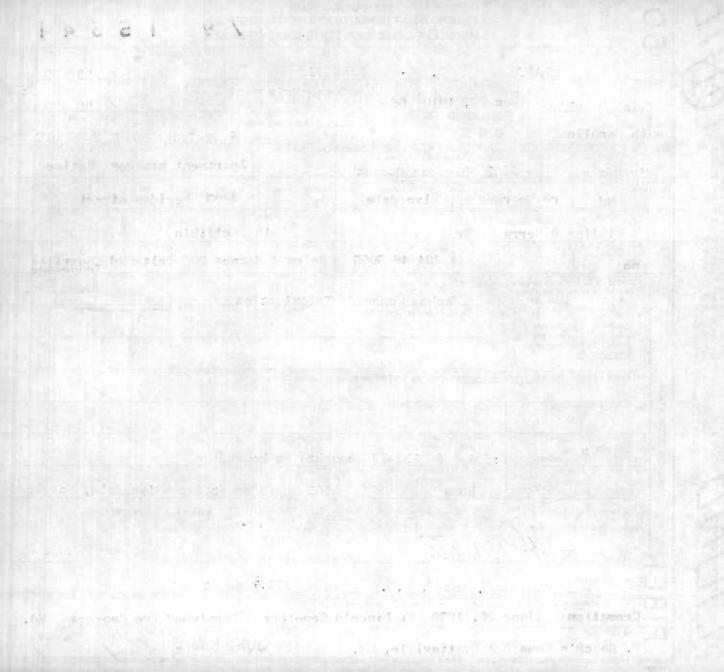
24 FUNERAL DIRECTO Robt E Wilhelm AD TES 4308 Suitland

Funeral Home

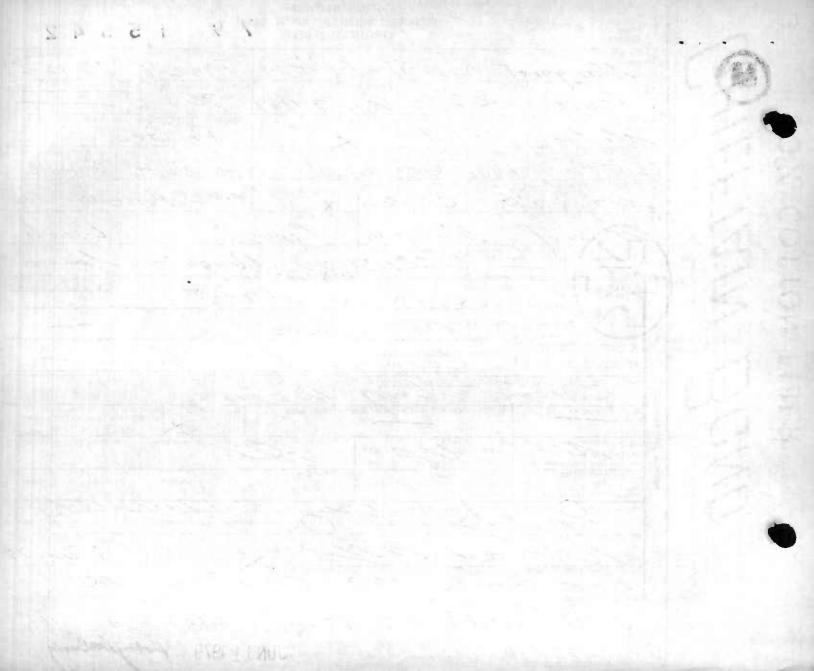
Rd., Suitland, Md.

DHMH - 16 50M 7/77 (VR A 15 (4)) STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 26. HOUR 79101 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 7a. BIRTHPLACE TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE, MARYLAND 2120 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STATE 136 COUNTY 13d. INSIDE CITY LIMITS? Pino Inlen 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 16% SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 100360 70-09-(YES, NO OR UNKNOWN) physicio APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Mero 30 Canditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? per NOD YES NO [ 21a. ACCIDENT WAS LINDERLYING. 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) frem 18 s HOUR A.M. HIMOR YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY NOT WHILE WHILE AT WORK AT WORK 22a. | certify that (1) (this hospital) attended the deceased from sow the decease alive an above, (I) (we did) Idid not) view the beautiful above. ond that in (my) (bur) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED TENDING STAFF MEDICAL DIRECTOR | PHYSICIAN | should be determined by with the State PHYSICIAN" 72e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE OREST C'D. BY REGISTRAR 25h BEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 60M 1/73 (VR A 15 (4))



	1.	FOR STATE REGISTRAR		DEPART	MENT OF HEALT	TH AND MENTAL HY TE OF DEATH	GIENP 9	1 5	5 4	4	
75	ITYPE	CEASED NAME Bett	Leora	MIDDLE	Kinea'id HNC A	10	2ª DATE OF DEATH	68	DAY YEAR	26 HOUR 11:40	
M)	3 SE	Female	4 RACE		5. DATE OF BIR MONTH MOV 12	DAY YEAR	6 AGE (IN YEARS LAST)	BIRTHDAY) YRS	MONTHS DAYS	HOURS A	
in 72 ha		RTHPLACE ISTATE OR FOREK OUNTRY) Klahoma	Th CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Prince	OR COUNTY		-	
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filled in ould be must be	USU.	AL RESIDENCE (IF NURSING STATE 136	P.G.	Hillere	N 134.	INSIDE CITY LIMITS?	13a STREET ADDRES 3001. Bran				
mplete ond 2	14 FA	THER'S NAME FIRST  Edward A.	MIDDLE Kincaid	LAST	15 /	MOTHER'S MAIDEN NA	MIDDLE	ng	LAS	1	
s. Poges 1	16a V	VAS DECEASED EVER IN		166 SOCIAL SECU		nformant lizabeth B	H11129	est Hg	hts,Md.	2003: ch Av	
ed by the ottending physicia leose remove carbonapapers: rial, cremation, ar removal. or other troumatic event, the		Conditions, if ony, will gave rise to immed	MEDIATE CAUSE (a)  DUE TO, C hich (b)	OR AS A CONSEQUE	ENCE OF	long for	lue Z		BETWEEN	MATE INTERVAL ONSET AND DE	
been signe mit Then p prior to bur ony injury.	CERTIFICATION	PART 2 OTHER SIGNIFIED TO THE PROPERTY OF THE	CANT CONDITIONS C		DEATH BUT NOT	d-8/51g	200 AUTOPSY?	206. IF YES	S, WERE FINDIN	GS USED	
riol-tronsit entol Hygie frem 18 she			21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX	SE OF DEATH HOUR A	.m. MONTH D, .m.	AY YEAR	HOW INJURY OCCUR	YES . NO A		PART I OR PART 2)	но 🗌
After this e os the bu alth and M marked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F		LOCATION	CITY OR 1	I wo	COUNTY	STATE	
for us of He 21 is		220.1 certify that (1) (this saw the deceased a obove, (1)/(ye) (did)		6/8/19	97, ond the	19 19 7 of in (my) (our) opinion		date and hou		That (I) (we) causes stated	
RAL DIRECTOR detoched for u tote Dept. of He VI. If Item 21 is		22b. SIGNATURE	ml S.	たく	DEGR	1	MEDICAL ST	TAFF SICIAN [	6/8/		
Should be det		JASWINDER	SIDHU, M.D			ADDRESS +700 AUTH P	LACE, CAMP	SPRING	GS, MD.		
)	_(	SURIAL, CREMATION, REA	00VAL 236. DATE		NAME OF CEMET	rery or crematory	23d. LOCATION CITY OR TOWN WASHING	gton,D.	COUNTY	STATE	
IMH-16 20M A 15, 4) 7/78		UNERAL DIRECTOR NAME FUNERAL J	Home 300-41	th St.N.E.	Wash D	.C. 25e DA	UN 1 5 1979	AR 25b. REGIST	PERS SUPPREM	Steady	

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STATE OF MARYLAND

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## STATE OF MARYLAND

	1 - STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIR:	ST MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR	2b. HOUR
		AVID GEORGE	KYLE	JUNE 20, 1979	11:15A <sub>M</sub>
	3. SEX Male	4. RACE white	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 Y. MONTHS OF	EAR IF UNDER 24 HRS
7	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wyoming	76 CITIZEN OF WHAT COUNTRY  USA	RARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George's	MD.
3	Lanham	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS) Ltal of Pr. Geo. Co	(TYPE OF WORK FOR MOST OF WORKINGLIFE) INDUST	D OF BUSINESS OR
5	13a. STATE 13b	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR COUNTY 13c. CITY OR TO		5450 85th Ave #101	
d	14. FATHER'S NAME  David Frede:	rick Kyle LAST	15. MOTHER'S MAIDEN N	1shop MIDDLE	LAST
1	16g WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) YES WWII	S. ARMED FORCES? 166. SOCIAL SEC ES, GIVE WAR OR DATES! 524-14	-8262 Mary Ann Ky:	w Carrollton;Md. 20784 le-wife 5450-85th Ave #	101
	PART I. DEATH WAS C	nter only one couse per line (or (a), (b), of AUSED BY:	DIAC ARREST	BETWI	ROXIMATE INTERVAL EEN ONSET AND DEATH
	Conditions, if any, whi	DUE TO, OR AS A CONSEO	1 Vorocenet	id Engenetion	
	underlying couse lo	(c)	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PAR	T 1(99
2	190 DATE OF OPERATION	196 CONDITION FOR WHICH	Chyomic C	206 AUTOPSY? 206. IF YES, WERE FIN CERTIFYING CAU	

210 ACCIDENT WAS UNDERLYING

216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Lee's Crematory

June

CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE

220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive 226 SIGNATURE

WHILE

MEDICAL

obove, (1) (we) (did) (data

23b. DATE

ATTENDING PHYSICIAN 22e. ADDRESS

MEDICAL STAFF .
DIRECTOR | PHYSICIAN |

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DAJE SIGNED

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to by retained by the haspital

DHMH-16 50M 7/77 (VR A 15 (4))

certificate has

morked or Item 18

IMPORTANT: If hem 21 is

OR ATTENDING PHYSICIAN: The attending physicia

236. BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

21d. INJURY OCCURRED

24. FUNERAL DIRECTOR Lee Funeral Home 300-4th Street N.E. Wash.D.C

6-21-79

23d LOCATION CITY WAShington, BOC.

STATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

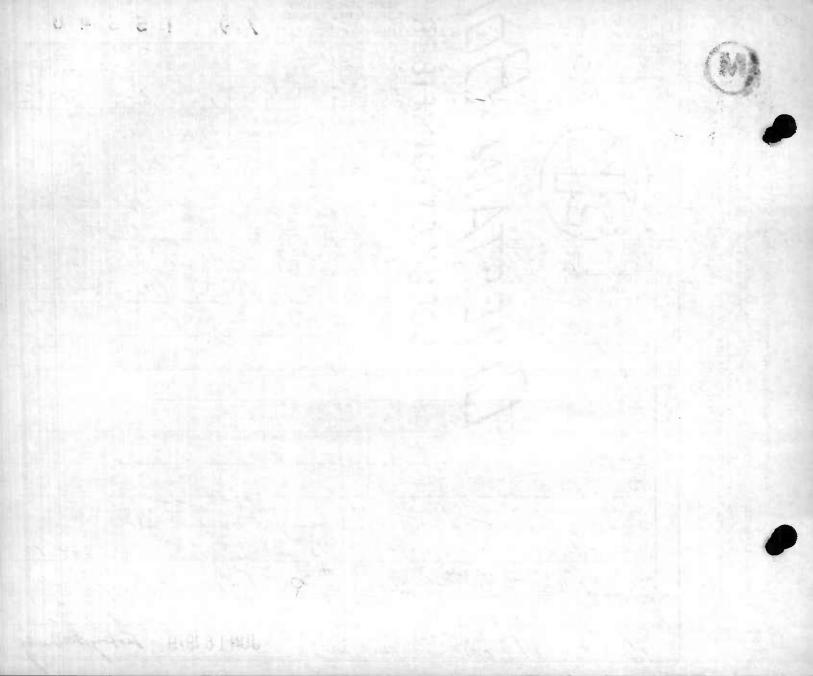
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Washington.D.C.

Overmetton 5-21-79 Lee's Overmetory

Lee Puneral Rome 300-4th Street W. E. Wash, D. G.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN MONTH DAY 2b. HOUR LITTER COLPRING ESTI-HIVEV DEATH MATED 19/ 5. DATE OF BIRTH 6. AGE (INYEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST D'RTHDAY) YEAR PRONOUNCED -/-K/ BIRTHPLACE CUATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 202495 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 12a. USUAL OCCUPATION (TYPE OF WORK OK INDUSTRY, U UAL RESIDENCE (IF IN NURSIN 136 COUNTY 13a. STATE 13d. INSIDE CITY LIMITS? 130 STREET ADDRES YES Y NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE IAB. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRES 400-22-4925 APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one couse pertine for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Scherotee Cerdes Vostalos IMMEDIATE CAUSE (c DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate touse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BLIPLA! YES NO [] 器 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21a. PLACE OF INJURY (AT HOME, 21L LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY . STATE WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described obove, held an Autopsy Inspection Inquiry and in my opinion EXECUTE THE CERTIFICATION OF TO FUNERAL DIRECTO
AFTER DEATH WITH THE BALTIMORE, MARYLAND death resulted from: Natural coures Accident Suicide Hamicide .... Undetermined manner TITLE (SPECIFY MEDICAL EXAMINER EXAMINER'S NAME ADDRESS OT 1 Collect oulles I (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF, CEMETERY OR CREMATORY 23d LOCATION DHMH-17 20M 1/73 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR (VR AT5 ME (51)



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STATE OF MARYLAND

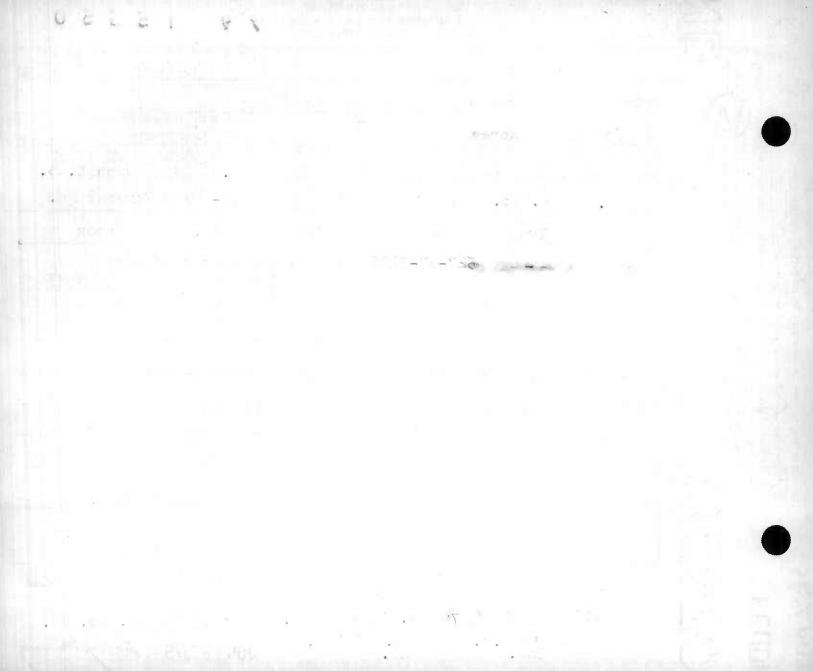
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

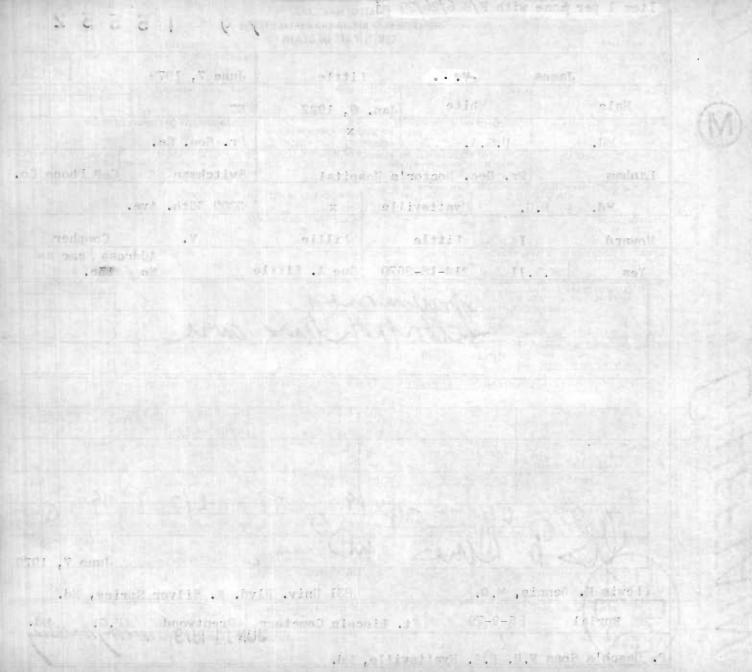
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1-1	STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO	<b>3</b> [
	DECEASED NAME FIRST MIDDLE TYPE OR PRINT) MALE	LEONARD	20 DATE OF DEATH MONTH DAY 5 21	79 7:20 AM
3	SEX MALE PACE	S DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF LIMON	THS DAYS HOURS MIN
neral din 72 hours.	BIRTHPLACE (STATE ORFOREIGN TO CITIZEN OF WHAT COUNTRY) Maryland USA	AT COUNTRY? 8  MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE	
s ofter de by the fur iled within	(IF NOT IN SUCH FAC	PITAL, NURSING HOME OR OTHER INSTITUTION CILITY, GIVE STREET ADDRESS) GEORGES GENERAL HOSP	176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
filled in ould be to	SUAL RESIDENCE (IF NURSING, MOME OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION) CITY OR TOWN 13d: INSIDE CITY LIMITS?	130 STREEL ADDRESS 2334 Virginia A	ve
ond 2 sh	FATHERS NAME FIRST MIDDLE Odell	Leonard Is. MOTHER'S MAIDEN NA.  Chery1	Ann	Smith
Poges 1	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO. 17 INFORMANT Mother	Same as Above	
physicia an papers: emaval. event, the	18 CAUSE OF DEATH Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO	for (a), (b), and ic)  MMATIRITY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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E E E E E E A	OP CONTRIBUTING CAUSE OF DEATH HOUR A.M.	MONTH DAY YEAR  19	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
ter this certicals the burial.  The dar them the them the them them them them t	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK	NJURY FACTORY, OFFICE, FARM, ETC.]  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
pytol or TOR Affor use of Health	22a.1 certify that (I) (this haspital) attended the desaw the deceased give an 5)21179 above. (I) (we) (did light analysis with body after	and that in (my) (our) apinion	death accurred on the date and hour ar	that (I) (we) last and from the causes stated
the hos at DIREC letached ate Dept T: If Item	226. SIGNATURE	DEGREE	MEDICAL STAFF  DIRECTOR PHYSICIAN	5)u 79
TO FUNERAL should be deto with the State IMPORTANT: If	22d PHYSICIAN'S MAME (MEGRPRINT)  STEVEN WYNER, MD	22e ADDRESS	ies ceni Hosp CH	EURLY MD.
§ P € § ₹ - 23	BURIAL, CREMATION, REMOVAL 23b. DATE Cremation 7/18/79	23c. NAME OF CEMETERY OR CREMATORY Prince George's Host	23d LOCATION CITY OR TOWN Dital, Chevwrly, P	.G. Maryland
H - 16 60M 1/75 /R A 15 (4))	FUNERAL DIRECTOR Raleigh Cline, Cheverl	ADDRESS	E REC'D. BY REGISTRAR 256 REGISTRAL 2 3 1979	R'S SIGNATURE

added info \$534 8/16/79 gj

~		1	FOR STATE REGISTRAR		DEPARTI	MENT OF	E OF MARYLAND BEALTH AND MENTAL HY BICATE OF DEATH	GyPNE 9	1 5 5	5 5	2
m.4			CEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
960			James	3	,V •		Little	June 7,			9:25A M
1		3 SE	Male	4. RACE	hite	5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST	BIRTHDAY) IF L	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
AR						Jan.	6, 1922	57	YRS		
AL	225	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY)  Md.	U.S.	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	T) 0		FDEATH	MD.
1	9	10. C	ITY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	120 USUAL OCCUP.		12b. KIND O	F BUSINESS OR
	100		anham	Pr. Ge	o. Doctor	's Ho	spital	Switchma			none Co.
	must be	USU 13a.	AL RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION	136. CITY OR TOW Hyattsvi	e admission) /N 11e	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRES 5209 56t	h. Ave.		
	nine	14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME MIDDLE	1.3	LAS	*
	exo.	I	loward	I	Little		Lillie	V.		Compl	ner
	medicol	160 V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADI	RESS Addre		
	me .			W.II	214-18-8	670	Sue A. Littl			13e.	
	injury, or other troum	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	(c)	DR AS A CONSEQUI		NOT RELATED TO THE TER	MINAL DISEASE OR CO	ONDITION GIVEN	IN PART 1(c	3.)
giene prior	ows ony	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [	G CAUSES	GS USED OF DEATH? NO [
	Item 18 s		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A	DF INJURY M. MONTH D,	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF I	NJURY IN ITEM 18, PART	1 OR PART 2]	
morkedor		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY FREET, FACTORY, OFFICE, F	FARM, ETC.)	211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
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ofe	T. F Fe			h W	lho	1	ATTENDING PHYSICIAN	MEDICAL S'	TAFF SICIAN 🗌	June	
should be deta with the State	MPORTAN		22d. PHYSICIAN'S NAME (TYP Lewis H. Denr			13	831 Univ. B		Lver Spri	ing. M	d.
\$	_		Burial, Cremation, Remov.  Burial	23b. DATE 6-9-7			emetery or crematory	v. Brentwo	od P	UNTY G	Md.
7/7	7		UNERAL DIRECTOR		ADDRESS			THE DIBYRE TO	25b. REGISTRA	REMONATI	7
		F.	Gasch's Sons	F.H. P.A	. Hyattsy	rille	Md.				



FOR

(VR A 15 (4))

STATE OF MARYLAND

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Alexander Ferry Rd. Clinton. Md.

ee Funeral Home Inda HALF REC'D

FOR

REGISTRAR

- STATE

DHMH - 16 60M 1/75

(VR A 15 (4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGUNE

REG. NO

STATE

BY REGISTRAR 156 REGISTRARS SUNATURE

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(VR A 15 (4))

STATE OF MARYLAND



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8			FOR STATE	C			AND MENTAL H	YGIENE	15	5 5	6
			REGISTRAR	WEL		IER'S	ERTIFICATE OF	FDEATH	REG. NO.		
	(max		CEASED NAME FIRST	e No	MIDDLE 14/1	HA	LAST	OF	KNOWN MOP ESTI- MATED	NTH DAY Y	26. HOUR
	SPEER.	3 SE)		5. DATE OF BIRTH	YEAR LAST BIRTHD	MONT	NDER 1 YR. IF UNDER 2	MIN PRONOU	NCFD /	J DAY	79 1933
	FUNERAL S FOR YE W. PRESTO		RTHPLACE (STATE OR REIGN COUNTRY)	TO. CITIZEN OF WH		8. MARR	IED NEVER MARRIE	D C PANELIN		UNTY OF DEAT	Н
	S S S S S S S S S S S S S S S S S S S	10. CI	Penna. TY OR TOWN OF DEATH		PITAL, NURSING HOM		VED A DIVORCE	W.	PATION (TYPE OF WO	ORK 12b. KIND C	MD. OF BUSINESS
DELAY IS NEG 3 TO THE FUN IN PAGE 5 F OB EFILED, W RDS, 301 W. P			anham	Doctor	s Hospita			Housewi	.fe	OR IND	
MD. 21201 ATH. IF ANY S. 1, 2, AND S. 9 PR. 3. RECOR	13a. S		TY	13c. CITY OR TOWN Waynesbor		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDR	n Terrace	53 Mount	C	
		ATHER'S NAME FIRST Idward	MIDDLE	Wise		15. MOTHER'S MAIDEN	NAME	AIDDLE &	Mhitting	gton	
AOR	FORM SE TER DE FORM OF ON OF	16a. V	VAS DECEASED EVER IN U.S. ARA		16b. SOCIAL SECURIT	YNO.	17. INFORMANT		ADDRESS 73	03 Powh	atan St.
BALTIMORE, RS AFTER DE GIVE PAGE WITH FORM PAGES 1 AN	S AFI		No				William Mar	nn	Lanha	m, Md.	
301 W. PRESTON ST., B.	HOULD BE EXECUTED WITHIN 24 HOUR RD "PENDING" IN PENCIL IN 1TEM 18. ("CHEF MEDICAL EXAMINER ALONG WELLED AS A BURIAL-TRANSIT PERMIT. POF HEALTH AND MENTAL HYGIENE, DIS AL, CREMATION, OR REMOVAL.		11. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gave (ise to immediate couse (a) stating the underlying cause lost.	D BY:  E CAUSE (o)  DUE TO OR  (b)	AS A CONSEQUENCE	Of	mpremp	olim		APPROX BETWEEN	(MATE INTERVAL ONSET AND DEATH
	ULD BE EXEC  "PENDING". I  EF MEDICAL  SED AS A BUB  HEALTH AND  CREMATION,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS OF	CONTRIBUTING TO DEATH I	out not related to the term	ainal diseas Selle	E OR CONDITION GIVEN IN PART	11 (a).			
OF VITAL RECORDS,	SHOULD RRD "PEN CHIEF N E USED NOF HEAD AL, CREA	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	RATION W	'AS PERFORMED?	4		20 AUTO	
	CERTIFICATE SHO TING THE WORD DED TO THE CHI 3 SHOULD BE US DEPARTMENT OF PRIOR TO BURIAL.		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH P.M.	MONTH DAY YEA	R	OW INJURY OCCURRED	) (ENTER NÀTURE OF IN	JURY IN ITEM 18 PART 1 C	OR PART 2)	
DIVISION	E. THIS CERTIFIC, IE, WRITING THE REWARDED TO: PAGE 3 SHOU STATE DEPARTA 21201 PRIOR TO	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION STREET	CITY OR TO	WN /	COUNTY	STATE
•	XAMINER ERTIFICAT ID BE FO DIRECTOR: WITH THE NRYLAND.	8	22a. I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE			Autop	sy , Inspection , Homicide ,	Undetermined m	anner ,	ay apinian  ATE GNED	15-79
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, MA		EXAMINER'S NAME ALGUE	In P.K	sper que	a	ADDREST BUG,	Raybur	Ch., Can	uy San	ys , Ket
		(5		June 18,1		en Hi	.11	23d LOCATION CITY OR TOWN Waynes	boro Fra	count anklin	Penna.
	MH-17 20M 1/73 VR A15 ME (5))	24. F	WALL DIRECTOR	ADDRESS	50 S. Br Waynesbo		0.9	EC'D. BY REGISTRA	AR 25b. REGISTRAF	E'S SIGNATURE	Credes
			77					MAN TO I	,,,	1	

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							ARYLAND					
	T - STATE REGISTRAR			MEDICAL EXAMINER'S CERTIFICATE OF DEATH								
	1. DECEASED NAME FIRST (TYPE OR PRINT) retha			E.	MI APSH	ALL	LAST	20 DAT		MONTH 6 4/3	DAY YEAR 5 19 79	26 HOUR
PRESTON STREET	3. SE)	mule Sta	ck s.c	DATE OF BIRTH	12 //	YEARS IF UN IDAY) MONTH YRS.	DER 1 YR. IF UNDER	MIN PRONO	ATE DUNCED EAD	MONTH -/5	DAY YYAR 19 74	1139 M
S HESTO	FQ	RTHPLACE (STATE OR REIGN COUNTRY)  ISGAH, MD		U.S.A.	AT COUNTRY?	8, MARRI WIDOW	ED NEVER MARE	RIED	Merce (	General	OF DEATH	MD.
00	ACCOKEEK, MD.			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION HOUSEWIFE 1800 TCILITYINGSTONE ROAD HOUSEWIFE HOME							SINESS	
				ICE GEORGE ACCOKEEK			13d. INSIDE CITY LIMITS? 13 1800 10 DESTVINGS TONE ROAD				)	
D	JAMES PENNY MIDDLE LAST						15. MOTHER'S MAID FRANCE		IMMONS	gto	LAST	
	160. WAS DECEASED EVER IN U.S. ARMED						17. INFORMANT ADDRESS			ENT)		
HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	NO	Canditions, if gave tise to cause (o) statin lying cause lost	immediate g the <u>under-</u>	(c)	S A CONSEQUENCE	17	OR CONDITION GIVEN IN P	ART 1 (0).				-
PRIOR TO BURIAL, CRE	CERTIFICATION	190. DATE OF OPER	ATION	196. CONDITI	ON FOR WHICH OP	ERATION W	AS PERFORMED?	1		.3	20 AUTOPSY?	NO 🗆
3		210. EXTERNAL CALL UNDERLYING CONTRIBUTING	OR		NJURY MONTH DAY YEA		OW INJURY OCCURR	ED (ENTER NATURE C	F INJURY IN ITEM 18	8 PART I OR PART		
Oly Lots	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT V	RRED WHILE WORK	21e PLACE O	FINJURY (ATHOME, RY, FARM, ETC.)		CATION TREET	CITY O	RTOWN	COUN	4TY	STATE
ARITANO, 21		22a. I certify that I took charge of the remains described abave, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted fram, Natural causes , Accident , Suicide , Homicide , Undetermined manner ,  ACTUAL SIGNATURE M.D. FILL MEDICAL EXAMINER DATE SIGNED										
RAL DIRE		ACTUAL SIGNATURE	ugurt	14	Feligery	M	o fexule	MEDICAL EX	AMINER	DATE SIGNED	6-15	77
ALTIMORE, MA	220	EXAMINER'S NAME (TYPE OR PRINT)	ugura Mastr	P. Po	and the same of th	M	D. Jeguli ADDRESS 500	Royku	mck.	DATE SIGNED	6-15	77
S AFTER DEATH, V BALTIMORE, MA	I	SIGNATURE  EXAMINER'S NAME	REMOVAL 236. D		dvigue 3		R CREMATORY	Royks Poyls Pomo	m CA	DATE SIGNED  COM  MARYI  SISTEMPS SIGNED	6-18  por	# F

A DECOMESTICATED AND A SECRETARIAN OF THE PROPERTY OF THE PROP DESCRIPTION OF COMME THE THE SIS 36 SOIG IN IN THE SEWING WHE WE DECEMBED NOVELL O. THE SM. INC. WELLINGTON, S. CT.

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M	1. DECEAS

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGUENE CERTIFICATE OF DEATH

i	1	340	-	- 57
	3	-	3	
REG. NO.				

	CEASED NAME FI	RST	MIDDLE	LAS					
I. DE	E OR PRINT!						DEATH MONTH	DAY YEAR	2b HOUR
1	- without	John	D.	Ma	son	Ju	ne 25,	1979	12:01
3. SE	X	4. RACE	. /	5. DATE OF		& AGE (INYE	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24
	MALE	Wh	1+2	Sept	27, 1929 YEAR	49 ye	1110		HOURS
	SNIngton D C		F WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED	-	E CITY OR COUN		
18 CI	ITY OR TOWN OF DEATH				OTHER INSTITUTION	12a. USUAL C	CCUPATION	12b. KIND	OF BUSINES:
	Cheverly	Prince		Gen'l	Hospital	Lithon	ranhic Pressma	(IFE) INDUSTRY	S Gov'
13a. S		COUNTY	13c. CITY OR TOW	/N 1	34 INSIDE CITY LIMITS?	13e. STREET A	DDRESS Good Luc	le DA A	pt #4
		r. Geo's	Lanham		YES NO		dood Luc	K NU A	DC #**
14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		5. MOTHER'S MAIDEN NA	ME ,	MIDDLE	L.	AST
	Raymond M	lason			Lucy (	ardner			
	WAS DECEASED EVER IN L				17. INFORMANT		ADDRESS		
()		to 1951	579 34 3	3046	Dolores Ric	hard	Alexand	ria Va	
	18. CAUSE OF DEATH (E		<i>f</i> )	- 17		- //	/	APPRO	XIMATE INTERV
	Conditions, if ony, wh gove rise to immedicate to immedicate underlying couse to	hich (b)_ iote the DUE TO.	OR AS A CONSCIU	des /	wellitus	tut	Jerenlo-	24	
NO	Conditions, if ony, wh gove rise to immedicate (a), stating underlying cause li	hich (b)_ iote the ost (c)_	Daconslow	DEATH BUT N	wellitus OT RELATED TO THE TERA	Lut MINAL DISEASE	or CONDITION C	GIVEN IN PART 1	(o)
TIFICATION	Conditions, if ony, wh gove rise to immedicate (a), stating underlying cause li	cant conditions of	Daconslow			20a AUTO	PŠŸ? 20b. IF Y	DIVEN IN PART 1  VES, WERE FIND TIFYING CAUSE YES	INGS USED
AL CERTIFICATION	Conditions, if ony, wh gove rise to immedicate to immediate to immediate to immediate the immediate to immediate the immediate to immediate the immediate to immediate the	hich (b) (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	DA CONSOLUTION TO I	OPERATION  AY YEAR		20a AUTO	PSŸ? 20b. IF Y	'ES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH
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	Conditions, if ony, wh gove rise to immedicate to immediate to immediate to immediate to immediate to immediate to impediate to	CANT CONDITIONS CONTINUE TO THE PROPERTY OF TH	CONTRIBUTING TO I	AY YEAR 19 FARM, ETC.)	WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  , 19 33 that in (my) (our) apinion  GREE  ATTENDING PHYSICIAN DEPESS	200 AUTOL YES THE RED (ENTER NATION OF THE N	20b. IF Y IN CER  NO IN CER  NO IN IN CER  OF INJURY IN ITEM II  CITY OR TOWN  On the date and h	COUNTY  19  22(, DAT	INGS USED S OF DEATH NO STATE

DHMH - 16 50M 7/77 (VR A I 5 (4))

TO FUNERAL DIRECTOR: After this certificate has be now. It is a second to see so the burial-transit permitter the State Dept. of Feolth and Mental Hygiene principle.

Prancis Gasch's Sons, PA Hyattsville, Md.

250. DATE REC'D. BY REGISTRAP 256. REGISTRAPS SIGNATURE



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new room not be the		n of 4 , ap now in	A family

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE

CERTIFICATE OF DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death accurred on the date and haur and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN STATE Landover, 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ANN & Williams 4804 Gr. Ave N. W. Wash.D

26 HOUR

10

INDUSTRY

Laury

DAYS

126 KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER I YEAR

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

FOR - STATE

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h		47	1.	FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	(G)ENE 9. 1 5	5 6 0
0				REGISTRAR  DE ASED NAME FIRST	MIDOLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR ZIN HOUR
	1			ARTHUR LEON MA	YHIRW		6-2-	79 12.16 Am
	(M)		3 SE	MALE	CAUC	5 DATE OF BIRTH  MONTH  DAY  YEAR  O  S	6 AGE (IN YEARS LAST BIRTHOAY) 73 YRS	IF UNDER LYEAR IF UNDER 24 HRS
	ment. Po	35	A. C	RTHPLACE (STATE OR FOREIGN DUNTRY) REYCAND	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE 6-80	
5	by th	7	10 CI	LINTON, MD	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS!	120 USUAL OCCUPATION (TYPE PROPRIED MOCKING LIFE (TYPE PROPRIED MOCKING LIFE EL MILLES MARCHEN	126 KIND OF BUSINESS OR INDUSTRY
LAND 212	24 hours	and the state of t	13a S	TATE 136 COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	AOMISSION)  13d. INSIDE CITY LIMITS?  YES NO		
IARYLA	within letely d 2 sh	Sominer Colliner	14 FA	THER'S NAME	MIDOLE LAST  MAY 14 E U	15 MOTHER'S MAIDEN N		AUEN
BALTIMORE, M	0	and		'AS DECEASED EVER IN U.S. AR			-	13A
. 201 W. PRESTON ST.,	hot the deoth certifico by the attending phys ose remove corbonpop I, cremotion, or remove	jury, or other troumotic event, the	No	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO	PALIMMEFIC INSOMS D NERATIVE	IENCY (COMA ISEASE ROCESS MINAL DISEASE OR CONDITION GIV	BETWEEN ONSET AND DEATH FEW OAYS  Y & S  EN IN PART 1(0)
DIVISION OF VITAL RECORDS.	hysician. hysician. ricote hos bee rronsit permit. Hygiene prior	Item 18 shaws ony in	CAL CERTIFICATION	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER,	ATH HOUR A.M. MONTH DA	OPERATION WAS PERFORMED  VELL S  21c HOW INJURY OCCU  Y YEAR  19	YES NO YES	
IVISION		orked of I	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ă	FND of	n 21 is moi		sow the deceased alive on	ital) attended the deceased from 19 1		death occurred on the date and hou	19 that (I) (we) lost r and from the causes stated
	O o d	MPORTANT: If Ifen		22d. PHYSICIAN'S NAME (TYPE C	G Senews	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR DHYSICIAN D	226. DATE SIGNED
	TO HOS retoined TO FUN should to with the	MPO /	F.5	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
/90 DF	BP IMH - 16 60M 1/75 (VR A 15 (4))		-	NORIAL INERAL DIRECTOR	DONE 5,1979 CA	EDAR HILL 250. DI	SUITLAND PATE REC'D. BY REGISTRANGE PLANS 1979	OR SIGNATURE
			70	1 (111-117) 6160	01.01011100 2000	0.0   //   //-	99110	1

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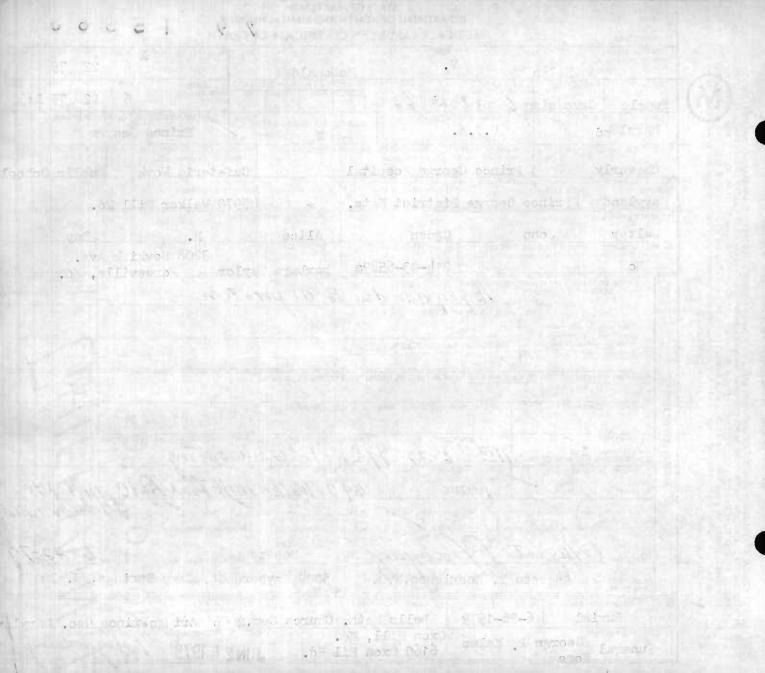
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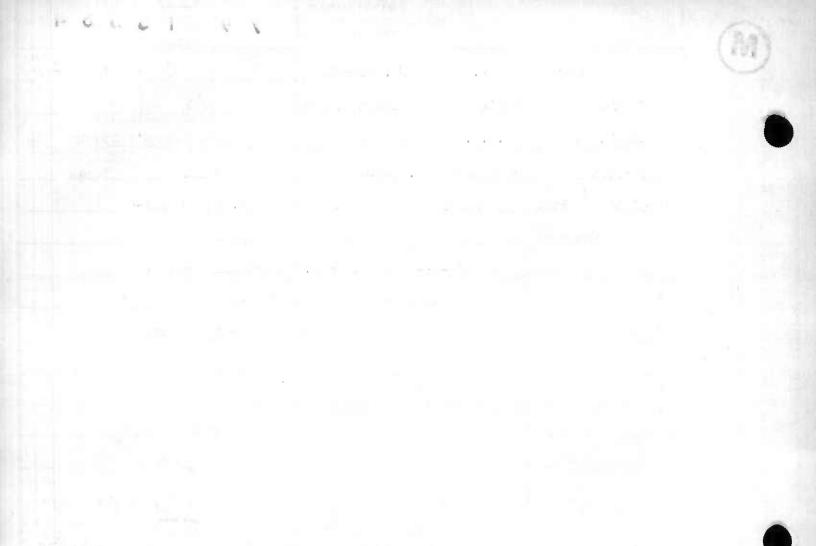
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	1-	FOR STATE		and the second		MENT OF EXAMIN		AND MENTAL	HYGIENE OF DEATH	- 1	5 5	6	2
	I. DE	REGISTRAR CEASED NAME	FIRST	1.0	MIDDLE	ZAMII	ILK 3 C	LAST		DATE KNOWN		DAY	YEAR 26 HOUR
EASE TTOR TTOR S	(TYP	E OR PRINT)	Ville	Mas	14	c Cla	116n	Sarib	ed) 0	OF ESTI-	06-	2 197	79 M
PLE A RECTO	3. SEX	1. R	91.1	5. DATE OF BIRTH	YEAR	6 AGE (IN YE			R 24 HRS. 2c.	DATE	HTMOM	DAY	7-1140
SARY	7a B1	RTHPLACE (STATE O	16ck	6 - 3 -	HAT COUN	TRY?	14	3000	9.6	A)TIMORE CIT	Y OR COUNT	Y OF DEAT	19 17 M
NECESSA FUNERAL 5 FOR W. WITH		N. CAROLI	NA	U.S.			WIDOW	ED XX NEVER MAR	KIED L	ince	Geng	do	AAD.
ELAY IS N TO THE FI PAGE 5 SE FILED.		TY OR TOWN OF D		11. NAME OF HOS	PITAL, NUE		E, OR OTHI	ER INSTITUTION	FOR MOST	OCCUPATION ( OF WORKING LIFE)	(TYPE OF WORK	OR IN	OF BUSINESS DUSTRY
A O a W		CHEVERLY	NI IPSING HOME O	PRINCE ROTHER INSTITUTION, GI				AL	STUL	ENT		SCHO	OL
AND AND RET	13a. S	D.C.	NOI	TY	Wesh	OR TOWN	D.C.	13d. INSIDE CITY HINITS? YES NO	130 STREET	ADDRESS Th	Street	- NI	112-
O T. O.	14. FA	THER'S NAME FIRST		MIDDLE		LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
MORE, MI TER DEATH PAGES 1, PORM PM SS 1 AND ON OF VIL	16a. V	WILL VAS DECEASED EVE	R IN U.S. ARM	MC AED FORCES?		LAN IAL SECURIT	Y NO.	DOR IS	,	ADDRE		NES	
	(YI	S, NO, OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	579-	74-326	4	MARY N.	GIBSON	4420 0	ST. S	.E. W	ASH.D.C.
PRESTON ST., VITHIN 24 HOL CIL IN ITEM 18 NER ALION ALEN PERMIT. ACHYCIENE, I	7	Canditions, if gave rise to cause (a) stati	IMMEDIATI any, which immediate ng the under-	y one couse per line DBY: E CAUSE (g DUE TO, OR	AS A CON	SEQUENCE	OF	gunng				APPRO: BETWEEN	XIMATE INTERVAL ONSET AND DEATH
BIVISION OF VITAL RECORDS, 301 W. 5 CERTIFICATE SHOULD BE EXECUTED V RITING THE WORD "PENDING" IN PENN ROED TO THE CHIEF MEDICAL EXAMI RE 3 SHOULD BE USED AS A BURRIALINE E DEPARTMENT OF HEALTH AND MENT PRIOR TO BURIAL, CREMATION, OR REA	NO	lying cause las		(E)	BUT NOT RELA	TEO TO THE TERM	AINAL OISEASE	OR CONDITION GIVEN IN P	PART 1 (a).				
ITAL REF	CERTIFICATION	19a. DATE OF OPE	RATION	19h. CONDIT	ION FOR V	WHICH OPER	RATION W	AS PERFORMED?	7 28		,	20 AUTO	OPSY?
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S S S S S S S S S S S S S S S S S S S		22a. I certify that death resulted from		e of the remains des	cribed abo	-	Autops	,			and in my ap	ınian 🌶	ped.
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DHMH-17 20M 1/73 (VR A15 ME (5))		INERAL DIRECTOR	BERS. C	0. 517 I	1th S	ST. S.	E. WA	SH.D.C.	JUN 1	5 1979	Link	MATURE NO.	Credy

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME 20 DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-1979 6 22 DEATH MATED Helen McDonald 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DAY DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED DEAD Female Caucasian To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MaryTand U.S.A. Prince George WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Cheverly Prince George Hospital Cafeteria Work Public School RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 1136. COUNTY 1134. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland 5970 Walker Mill Rd Prince George District Hets. NO [ FORM PM 3. ES 1 AND 2 SHON OF VITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Walter John Ogden Alice Dav 3208 Newkirk Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO INFORMANT (YES, NO, OR UNKNOWN) No 214-03-6589a 18. CAUSE OF DEATH (Enter only one cause per fine for pa), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART \$ (a). K USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF YES [] NO | BE 21a EXTERNAL CAUSE VAS 216. TIME OF NURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD POR UNDERLYING CONTRIBUTING CAUSE OF DEATH AT WORK AT WHILE STREET, FACTORY, FARM, ETC. Amu 22a. I certify that I took charge of the remains described above, helden DIRECTOR: death resulted fram: A Natural causes Homicide Undetermined manner TITLE (SPECIFY) ECUTE THE CASE A SHOUNT TER DEATH, " Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. 20031 EXAMINER'S NAME MIRUS LO (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 6-26-1979 Bells Meth. Church Cem. Com SpringsPrince Geo. Marylar Burial 24. FUNERAL DIRECTOR Oxon Hill, Md. DHMH - 17 George P. Karas Listory Mc Bready (VR A15 ME (5)) 6160 Oxon Hil Rd. Funeral 15M7/77





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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGINE

		REGISTRAR				CERTIF	CATE OF DEATH	REG. NO	5		
		CEASED NAME	FIRST		MIDDLE	-L/	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	(TYPE	OR PRINT)	NEVA		ANNA	McG	GRAW	JUNE 21	1979		6:17A M
	3. SE)	(	4	RACE		5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIRT		DER I YEAR	IF UNDER 24 HRS
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3		RTHPLACE (STATE O	OR FOREIGN 7	b CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
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N	10 CI	TY OR TOWN OF	DEATH	1. NAME OF I	HOSPITAL, NUI	RSING HOME O	ROTHER INSTITUTION	12a USUAL OCCUPATI		26. KIND O	OF BUSINESS OR
X		DREWS AF					ICAL CENTER	HOUSEWIFE		1003111	
1	13a. S	AL RESIDENCE HER	13b COUNT		130 CITY OR T		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
7	MA	RYLAND	P	G	CLINT	NC	YES X NO	11126 PISC	CATAWAY	RD. 2	20735
	14. FA	THER'S NAME					15 MOTHER'S MAIDEN NA	ME			
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7		EVE	(FD IN ) 4 C 4 D4		ROOKSH		ORA 17. INFORMANT	ADDRE		WARDS	5
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		18 CAUSE OF DE	ATH Enter only	one couse per	line for (o), (b)	, and (c).				BETWEEN	MATE INTERVAL ONSET AND DEATH
	163	PART I. DEATH			Card	OVEN	2. swell		3/4/10		
		1961	IMMEDIATE				0-11,0-1				
		11/1		DUE TO, O	RAS A CONSE	Gence S		de date			
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3		cause (a), st	ating the	DUE TO, O	R AS A CONS	QUENCETOF .	1				
		underlying co	use last.	( (c)	vera	1 far	ure.				
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	CA	19a DATE OF OPE	RATION	196 COND	ITION FOR WH	HCH OPERATION	WAS PERFORMED	200 AUTOPSY?	106. IF YES, WE	RE FINDING	OF DEATH?
	CERTIFICATION							YES TO NO	YES 🗌		NO 🔽
	CER	210. ACCIDENT WAS	_	216. TIME C		DAW WEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
6	AL	OR CONTRIBUTING			M. MONTH	DAY YEAR					
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Н		220 I certify that		1 1 4	e deceased fro	20 /	19 79	,			that (I) (we) lost
+			eosed plive and		ofter death.	9-11-10	d that in (my) (our) opinion	death occurred on the d	ite and hour and	from the	couses stated
		226 SIGNATURE		. //		[	DEGREE			22c. DATE	SIGNED
		W	War	nels			ATTENDING PHYSICIAN (	MEDICAL STAI		21 J	JUN 79
1		22d. PHYSICIAN'S	NAME (TYPE OR	PRINT			22e ADDRESS MATC	OLM GROW USA	E MEDIC	AT. CF	באיידב
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DHMH - 16 50M 7/77 (VR A 15 (4))

Funeral Home

Rd., Suitland, Md.

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(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE CO

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH 9:25 (TYPE OR PRINT) ESTI-DEATH MATED LYON VIVIAN MCMIIRRAY June 231979 DM 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. S DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 29495 LAST BIRTHDAY PRONOUNCED FILED, WITHIN 72 301 W. PRESTON 17 Male DEAD Cau Mar 12 62 YRS Jun 23 1979 D M 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington DC USAS WIDOWED [ DIVORCED Prince Georges IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Andrews AFB, MD Malcolm Grow USAF Med Cen Ticket Agent Railroad USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 6211 District Heights Parkway Maryland Prince Georges District Hights YES X NO [ OF VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Thomas McMurray Ellen Martha Dement 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Box 342 (son) NO 578-09-9744 Robert L. McMurray Chesapeake Beach, MD 18 CAUSE OF DEATH (Enter only one couse per line or (o), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO OR AS A CONSEQUENCE OF les the Corder Varuely distance units onditions, if ony, which gove rise to immediate covernoy by pass couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196\_CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [ 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WAT STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Notural coures deoth resulted from: Accident Suicide Homicide Undetermined monner TO MEDICAL E
EXECUTE THE O
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TO FUNERAL D
AFTER DEATH, 1
BALTIMORE, MA **EXAMINER'S NAME** YIGUEL TYPE OR PRINT 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery Clinton Burial DHMH-17 20M 1/73 14. BOWERAL DIRECT 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. (VR A15 ME (5))

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BALTIMORE,	URS AFTER DE B. GWE PAGE WITH FORM PAGES 1 AN DIVISION OF	16a. V (Yi	AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SC	-94-8108	I7. INFORMANT Kennyth A		ADDRESS	e as #13
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	TO MEDICAL E EXECUTE THE OPAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA	22 - 51	EXAMINER'S NAME (TYPE OR PRINT)	ISTOP KONK	acuso	ADDRESS 50091	Cay Dura	Ct. Cor	Muys
0000	BP	B1	IRIAL, CREMATION, REMOVAL		NAME OF CEMETERY CASHINGTON	National C		land P.G	Md.
	DHMH · 17 (VR A15 ME (5)) 15M 7/77	66.	NAME LEETOFUNETA 3 Old Alexan	al Home Inc.	d. Clinto	P P C 1 1 3 1 U	D. BY REGISTRAR 1979		Cheory



COLE CV Some with Arthur West & Same At 12 March 12 Clinton - Southern Jarvinet Lossical Student - Southern Mi. D.C. Camp Springs E al 3121 Carton Ave. STY-94-8108 lammyth A. Dadey Sr. same ss #13 The tile of the same Carlot of the second of the se the state of the s The colon of the second busici to the state of the stat Ten inner. 1 come inc.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20: DATE KNOWN 2h HOUR OF ESTI-DEATH MATED IF UNDER 24 HRS DATE LaBIRTHD AY PRONOUNCED 7-13 65 YRS BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) Swedwn U. S. A. WIDOWED & DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS National Science Foundation Temple Hills USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY Maryland Temple Hills YES M 28th, St 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST Theodore Soderberg Constance Anderson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT LYES NO OR LINKNOWNS No 089 07 6549 Jermiah J. Dee 3126 28th Parkway 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [ 210 EXTERNAL CAUSE WAS TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) POR HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING [ CAUSE OF DEATH 21e PLACE OF INJURY 21d. INJURY OCCURRED WHILE AT WORK PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21 220. I certify that I taak charge of the remains described above, held an Suicide | Undetermined manner death resulted from: Natural causes Accident Hamicide 230. LOCATION 230. BURIAL, CREMATION, REMOVALIZED, DATE 23c. NAME OF CEMETERY OR CREMATORY 900 Cremation June 16, 1979 Cedar Hill Suitland Md DHMH-17 20M 1/73 24. FUNERAL DIRECTOR 25g. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Robert E. Wilhelm 4308 Suitland Rd. Suitland Md. (VR A15 ME (5))

STATE OF MARYLAND

177 5570 The said to be a supplied to the said of The state of the s Saryland 21. J. Emple Mila p x 2251 2860. St Leona in adopt a special in the state of the state CORRESPONDENCE OF THE STATE OF

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Rebart S. - Hilleim Wils Intilized of Louising Md. 1982 - 1

17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Self-Emp Contractor 13e STREET ADDRESS 11001 Winsford Avenue MIDDLE LAST Cline Wife, Same as Above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 12 RMINAL DISEASE OR CONDITION GIVEN IN PART 160 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES | NO [] 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE id that in (my) (our) opinion death accurred on the date and hour and from the causes stated 174 DATE SIGNED STAFF DIRECTOR | PHYSICIAN [ COUNTY STATE Hagerstown, Wash. Md 24. FUNERAL DIRECTOR Wilhelmess 4308 Suitland DATE NET Robt Funeral Home Rd., Suitland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO.

MONTH

06

YRS

26

IF UNDER LYEAR

DAYS

2b. HOUR

HOUR5

IF UNDER 24 HRS

FOR

REGISTRAR

FIRST

1. DECEASED NAME

1 - STATE

DHMH-16 20M {VRA 15, 4} 7/78



				STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	5 7 2
)	(TYPE	CEASED NAME PRINTS	th Kirby	Millikin	1	8 79 11 Am
netoc,	3 SE	Female	Caucasian	Nov. 3. 1891		FUNDER I YEAR # UNDER 24 HRS ONTHS DAYS HOURS MIN.
72 hour	70. B	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED	Prince Georges	
notified of	10 C	Illinois TY OR TOWN OF DEATH Greenbelt		NG HOME OR OTHER INSTITUTION	1730 USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORKING LIFE) HOUSewife	126 KIND OF BUSINESS OR
r must be	13a S	aryland P.G		N 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 7507 Creighton	Drive
exomine		William	B. McLaughl		MIDDLE	Sturtevant
e medical		VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIVI NO	MED FORCES? 166 SOCIAL SECTION (MED FORCES) 060-01-0		ADDRESS 7507 illikin (Son) Col	Creighton Dr. lege Park, Md.
hen pleose remove corbonpop to buriol, cremotion, or removo njury, or other troumotic event, i	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO		NINAL DISEASE OR CONDITION GIVE	N IN PART I (a)
shows ony i	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	206 AUTOPSY? 200. IF YES, IN CERTIFY YES 1 NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
wentol Hygie or Hern 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT 1 OR PART 2}
orked or	MEDICAL	216 IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC   211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Of Heol			tal) ottended the deceosed from 19 11 view the body after death.	OCT. 19 7	death occurred on the date and hour	9, that (1) persons from the couses stated
Store C		22d. PHYSICIAN'S NAME (TYPE O	MANNELLE RPINTS	ATTENDING PHYSICIAN 2220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	6/18/79
should be with the	23a F	William B. G		4917 Edgewo	od Rd., College P	
	Bi	rial  JNERAL DIRECTOR	Trans a OO	rlington National	Arlington, V	
MH-16 20M 15, 4) 7/7B	24. 61	NAME Capitol Fun	eral Service E	Tairfax, Va.	e Rec D. BY REGISTRARIES. REGISTR	Property Malrad



STATE OF MARYLAND

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15M 7/76

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100 March 1997 1997 1997 1997 1997 1997 1997 199	
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IMPORTANT: If hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical examines must be notifi

may be

## STATE OF MARYLAND

1	1 - STATE REGISTRAR	DEF		ICATE OF DEATH	REG. NO	1 5	5/	5
Ī	. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	15-13	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	Lillian A		Nito	hell		69	79	il to M
3		RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
V	Hennle.	White	MONTH 7	DAY YEAR	85	VRS.	THS DAYS	HOURS MIN
7	a BIRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUN	NTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	COUNTYO	FDEATH	
3	Virginia	USA	WIDOWI		Prince	9ers	2 e.	MD.
1	O CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N	IURSING HOME		12a. USUAL OCCUPATIO	NO		BUSINESS OR
	Lawham	nagralia Oa		USEN Home	Auditor	WORKING LIFE)		Gov't
	USUAL RESIDENCE (IF NURSING HOME OR O 130. STATE 13b. COUNT	THER INSTITUTION, GIVE RESIDENCE Y 13c. CITY OF	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
5	Md. P.O			YES NO	9509 VanB	uren St	b. 10	
T	4. FATHER'S NAME	DDLE LAS	0	15. MOTHER'S MAIDEN NAM	ME			
2	Unknown	DOLE		Unknown	WIDDLE	25	ţAST	
1	60 WAS DECEASED EVER IN U.S. ARM		L SECURITY NO.	17 INFORMANT	ADDRE	S Addre	ess Sar	ne as
1	No	577.5	4-5741	Norma M. And	ers	No #	13e.	
F	18 CAUSE OF DEATH (Enter only	ane couse per line lar (a), (	(b), and (c)			THE YEAR	APPROXIA BETWEEN O	MATE INTERVAL
I	PART I. DEATH WAS CAUSED	BY. D. L	114.507	c's Disease	24			
I	2274	DUE TO, OR AS A CON	SEQUENCE ÀS	1 /	1			
T	Conditions, if any, which	(b)	5 61	wan U	Ment			
1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	erour Acros					
1	underlying couse lost	DOE TO, OR AS A CON	Till	innon a				
1	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 1(o	1
I	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING							
1	190. DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	
-					YES NO	YES [		NO [
		216. TIME OF INJURY HOUR A.M. MONTI	H DAV VEAD	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18, PART	1 OR PART 2)	
I	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19					
Т	UF EITHER, NOTIFY MEDICAL EXAMINER)  216 IN JURY OCCURRED	210 PLACE OF INJURY	DESIGN SAGAL STOLL	211 LOCATION STREET	CITY OF TOW	N	COUNTY	STATE
1	WHILE NOT WHILE AT WORK	(AT HOME, SIREET, FACTOR), C	DIFICE, PARM, ETC.)	1118	/	0,	20	STATE
Т	22a I certify that (this haspita	il) attended the deceased	10m 10/2	1/60,19	, to	19	17	hot (I) (we) lost
1	saw the deceased alive on_ above_4) (we) (did) (did not)	view the body after death.	19,22/0	nd that in (my) (our) apinion (	death occurred on the do	te and hour a	nd from the c	ouses stated
1	226. SIGNATURE	Merch		DECREE			TIL BATES	IGNED
1	Church (1)	Mellu	en 1	ATTENDING PHYSICIAN	MEDICAL STAF		6/7	179
1	228 PHYSICIANS NAME (TYPE OR I	PRÍNT)		22e ADDRESS		RAIELL.	1	1
	Angus W. McLau	rin, M.D.		3412 Hamilt	on St. Hyat	tsville	Md.	
1	23a BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		DUNTY	STATE
	(SPECIFY) Burial	6-12-79	Rock Cr	eek Cemetery	Washington		JUNIT	D.C.
1	A FLINEDAL DIRECTOR			ISA DATI	POEC'D BY DECISIDAD	Sh DEC TOA	A'S SICHARI	100

DHMH - 16 50M 7/77 (VR A 15 (4))

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F. Gasch's Sons F.H. P.A. Hyattsville, Md.

JUN 1 3 1979

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	1-	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE  1 - STATE											7 6		
	1. DE	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  2a. DATE KNOWN MONTH DAY YEAR 2b. H  OF ESTI-										YEAR 2b. HOUR			
	3 SE	The WY	ule 5. D.	DATE OF BIRTH MONTH DAY YEAR  O AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH MONTH DAYS WONTHS DAYS HOURS WIN. PRONOUNCED DEAD  O 7							7 19	19/9 M DAY YEAR 20-HONE 19/9 4 M			
35	FC	IRTHPLACE (STATE OR 76 COUNTRY)  Md.		U.S.A.  **MARRIED **NEVER MARRIED **DINCE  **WIDOWED **DINCE  **DI					ED U	orme	My es MD.				
+	(	heverly	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Pr. Geo. Gen. Hosp.			losp.	OTHER INSTITUTION 12a. USUA FOR MC			OCCUPATION OF WORKING LIFE) Napec t		126. KIND OF BUSINESS OR INDUSTRY Wash. Termina			
5	13a. S	TATE Md .	P.G.	ER INSTITUTION, G	13c. CITY OR TO	NY	13d. INSIDE CITY	Y LIMITS?	13e. STREET A	doress 40th.	Ave.				
Ò		THER'S NAME	MIDI	Mockabee LAST			15. MOTHER'S MAIDEN NAME FIRST  Emma					Schlorb			
1	16a V	VAS DECEASED EVER IN ES, NO, OR UNKNOWN) ( Yes	U.S. ARMED F	FORCES?	578-14-		Es the		. Meck	_		ress # 13e			
	NO	Conditions, if ony, which gave rise to immediate cause (a) stoting the under-lying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III.													
9	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUT	_		
3		210 EXTERNAL CAUSE UNDERLYING OF CONTRIBUTING CA	2	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19							YES NO				
	MEDICAL	21d. INJURY OCCURRE WHILE NOT W AT WORK AT WO	D	21e PLACE	OF INJURY (AT HO) TORY, FARM, ETC.)	AE, 211. LC	STREET	4	СПУ	ORTOWN	C	COUNTY	STATE		
2		220. I certify that I to death resulted from:  ACTUAL SIGNATURE	Hotorol con	uses ,	Accident ,	Suicide	Homicid	ecify)	Undetermin  Y_MEDICAL  rn Ct.	examiner , Camp S	and in my of the	E 6-	7-79		
	23a.B	JRIAL, CREMATION, REAPECIFY)  Buria		ATE 11-79			R CREMATOR		23d. LOCATI CITY OR TOV Fore	on stvill	e · P	G.	Md.		
	24. FI	Gasch's S	ons F.I	H. PODRES	. Hyatts	ville,		o. DATE R	EC'D. BY REG	1979	EGISTBAR'S	SIGNATURI	Creaty		



Cheveriv Pr. Geo. Gen. Gong. Cur. Inspector Fash. Termism .eva .nros 1010 x nemen namefol .n.4 .tm 56(32) 56/ iln. Amid an since anothing Yes .... I S78-14-0822 Istner G. Nechabet No 13e.

Nurial 6-11-70 applying Ch. Cesetery Forestville F.G. (M).

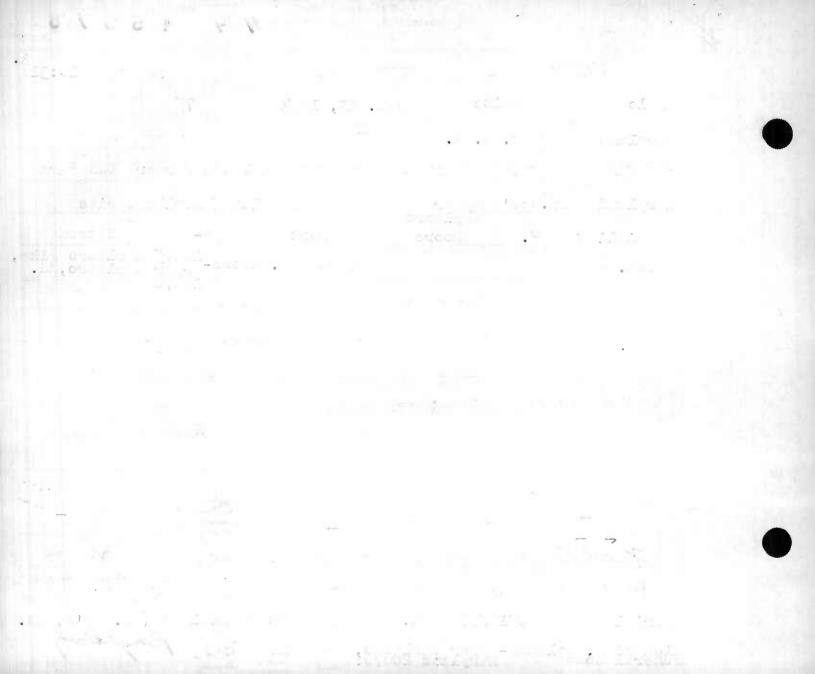
P. Gasch's Sons F.A. Byattaville, Md. JUN111879

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1	1-	STATE REGISTRAR		ME		1	'S CERTIFIC		DEATH	REG. I	3 3				
		CEASED NAM	E FIRST		WIDDLE		LAST	ONTE OF S	2o. DATE			DAY	YEAR	7b. HOUR	
	(TYP	E OR PRINT)										2	19 79		
	3. SE)	(		5 DATE OF BIRTH			IF UNDER 1 YR.	IF UNDER 24 H	HRS. 2c. DAT	E	MONTH	DAY	YEAR	2d HOUR	
ı	F	emale	Black	MONTH DAY	78	6 mo	nths days	HOURS MI	PRONOU DEA		6	3	19 79	11:35 a M	
	7a. BI	RTHPLACE (5	TATE OR	76. CITIZEN OF W	HAT COUNT			EVER MARRIED	X) 9. BALTI	MORE CITY	OR COUN				
		reigi country) Maryla	nd	USA		W	ARRIED Tale	nt DIVORCED	Prin	ce Ge	orge's	s Co	unty	MD.	
	io CI	TY OR TOWN		11. NAME OF HO		SING HOME, OF	OTHER INSTITU	JTION 120	USUAL OCCL	JPATION (1	TYPE OF WORK	12b. KIP	ND OF BU	SINESS	
		everly		Prince	Georg	ge's Ger	eral Ho	spital	Non						
	130 S		(IF IN NURSING HOME OR	Υ		PRIOWN	13d. INSIDE C	CITY LIMITS? 13g	SIREFI ADDR	ESS _		every.			
		aryla		ndover		06	YES 🗌		2232 C	olum	bia I	Plac	ce		
	14. FA	THER'S NAME		MINNE	l.	ACTA		IER'S MAIDEN N	1		53				
	14.		land Mor			ALCECURITY AN		Valeri			1 - D1			1.0	
I		VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. ARM		1	AL SECURITY NO		Annual State of State	232 Cc				3		
ŀ		no			No		Ber	nard M	orris-	Gran	uratr		DDD O X	IN (TERM)	
l		18 CAUSE C	OF DEATH (Enter only EATH WAS CAUSED				oth om	drome				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
-	1.5	790	IMMEDIATE	CAUSE (a) Star		SEQUENCE OF	eaun syn	idi one				-			
		Canditia	ns, if any, which	DOE 10, O	K AS A COIN.	DEGOEIACE OF									
			se to immediate ) stating the under-	(b)	R AS A CONS	SEQUENCE OF					1115				
		lying car			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or dor the of									
		PART 2 OTHER S	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)												
	NO	THE SALE		TO THE	165 H										
-	CERTIFICATION	19a DATE OF	OPERATION	196 COND	ITION FOR W	VHICH OPERATION	ON WAS PERFOR	RMED?	(HU)			20 A	AUTOPSY?		
	TIFE								1 7 2				YES X	NO 🗆	
		216. EXTERNA	AL CAUSE WAS	21b. TIME C	F INJURY		It. HOW INJURY	Y OCCURRED	ENTER NATURE OF	NJURY IN ITEM	18 PART 1 OR PA	ART 2)	7 137		
	MEDICAL	CONTRIBUTI	NG CAUSE OF DI	The second secon		19									
	MED	WHILE	CCURRED O		OF INJURY		If. LOCATION STREET		CITY OR T	OWN	co	YINU		STATE	
		AT WORK	NOT WHILE AT WORK	-	-	2									
	1	100000000000000000000000000000000000000	ify that I taak harge	abyhe remains	So do	e, held on	Appr X.	Inspection	, Inquir	,  ,	and in my a	pinian			
		death result	red from: Natur	Hough I	4	A Sweet	Hami	icide . L	Indetermined n	nanner _	],				
		ACTUAL		//	111	4 7		SPECIFY)			DATE	71,	13.4		
		ACTUAL SIGNATURE	1	lived	101	Mux	MD Dep	uty Chi	ENEDICAL EXA	MINER	DATE	ED_6	14/7	9	
7		EXAMINER'S	NAME Th	omas D. S	Emi +h	MD	3	111 Per	nn C+	Da	1+0	MD			
		TYPE OR PRI	NT)				ADDRESS_			ва	lto.,	PID.			
		Burial Burial	TION, RAMOVAL 23	6/9/79			RY OR CREMAT		I LOCATION	dove	r, Mai	TV.	and	ATE	
		UNERAL DIREC	Va //	Mod	0011	TAL	176	750. DATERIO	Dy BY RESONTA	OR 25b. RE	all that	///	Cres	4	
		tewart	MAILA	Home-	4001	Bennia	Road	NE	111 121	3 /	/				
			1.1		NEWSTRANSPORT		-	7							

5..... T. 17 SUPERIOR. 1113 Capitol View Drive Pattie (unimoun) Hanry Williams 190 03 978 Mrs. Plosrie Branch-niere DANGER OF BUILDING

(VRA 15, 4) 7/78

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) MOLLIE MOLLIE 79 3-15A 06 IF UNDER 1 YEAR 3 SEX RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH DAY YEAR Black Female 05 08 06 YRS Ta. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED L NEVER MARRIED COUNTRY U.S.A. Prince Georges WIDOWED Va. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Southern Maryland Hospital Center (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWITE TO Home Clinton DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13th COUNTY 113th COUNTY 113th COUNTY 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Pr.George Upper Marlbord YES X 9705 Dorval Ave. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Callie MIDDLE Tonevast Unknown ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 577-26-270 Julian Moyler-Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o.), (b), and PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE ID CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENT underlying couse RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? AN CERTIFYING CAUSES OF DEATH? per NOT YES T YES 🗔 Hygiei Hygiei 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 716 TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71d IN JURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION Ď (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this hospital) attended the deceased from sow the deceased plive on that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE 22r. DATE SIGNED 226 SIGNATURE \* ATTENDING MEDICAL STAFF be deto e Stote FUNERAL PHYSICIAN X DIRECTOR PHYSICIAN Mohammad Taleghani, M.D. 22e ADDRESS should by Branch Ave. . Hillcrest Hgts. 3611 0 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION OGOOBP. 23b. DATE CITY OR TOWN COUNTY STATE LINCOLN MEM. CEM. 6-16-79 SUITLAND 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 WASHINGTON & SONS 4925 BURROUGHS AVE. N.E. (VRA 15 (4))

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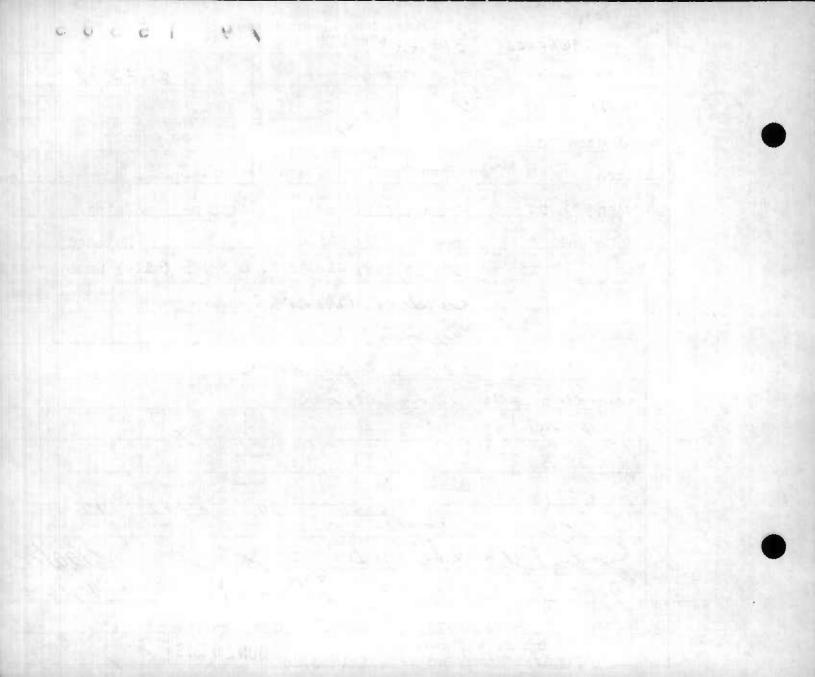
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGRENE & - STATE CERTIFICATE OF DEATH REG NO DECEASED NAME 20 DATE OF DEATH YEAR 26 HOUR TYPE OR PRINT Laurence O'Dwver н. 2:17PA 4 RACEWhite 3 SEX Male 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR MONTH YEAR 0.8 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED PG County Washington DC USA WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Southern Maryland Hosp. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY enter . Painter Clinton Construction MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Marvland PG Forestville 4435 Rena 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME EIRCT MIDDLE LAST Alice O'Dwyer Kendal] Holmead BALTIMORE. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO WWLI YES NO OR UNKNOWN) Gladys E. O'Dwyer (wife) Same 578 10 6807 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ASM CONSEQUENCE OF Conditions, if ony, which gave rise to immediate stoting couse DUE TO OR AS A SONSEQUENCE OF underlying lost couse SOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20k. IF YES, WERE FINDINGS USED CH OPERATION WAS PERFORMED Tile AUTOPSY IN CERTIFYING CAUSES OF DEATHT one WES [ 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from 2 sow the deceased live an above. (I) (we) (idid) did not) view the body after death , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d, PHYSICIAN'S NAME ITYPE OF PRINT 220 ADDRES 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 25June1979 Fort Lincoln BP CEm Brentwood Mo 24 FUNERAL DIRECTOR Robert E. Wilhelm DHMH - 16 60M 1/75 person JUN 2 6 1979 (VRA 15 (4)) Funeral Home Inc Suitland Md



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) Esther O'Leary June 8, 1979 8:50 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS Female Cau. Jan. 1903 76 In BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Prince Geobes Virginia WIDOWED X 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOMEMAKET Dwn Home Clinton BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13g STATE 113b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Plac Maryland P.G. Accokeek Dusty Lane NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME \$ CV MIDDLE FIRS1 MIDDLE George Loveless Flossie Henderson 160. WAS DECEASED EVER IN U.S. ARMED FORCES ADPO32 Strauss Ave., 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) NO 1870 George D. O'Leary Indian Head. Md. 577 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON ST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF emotion, Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. ZNSIDN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 0 prior 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? d NOIX YES [ NO [ Mentol Hygi 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) morked or Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death be detoched e Stote Dept. 22h SIGNATURE DEGREE 22c. DATE SIGNED MPORTANT: # ATTENDING MEDICAL STAFF 6-8-79 PHYSICIAN A DIRECTOR PHYSICIAN FUNERAL 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b Brandywine, Maryland 20613 Thomas L. Fieldson, 0 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (SPECIFY) CITY OR TOWN Burial 6-11-79 Cedar Hill Cem. Suitland. P.G., Maryland 24 FUNERAL DIRECTOR DHMH-16 60M 1/73 The Huntt Funeral Home Waldorf, Md. (VR A 15 (4))

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Y IS	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME, OR OTH CILITY, GIVE STREET ADDRESS)		B. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OR INDUSTRY
DELAY 3 TO TI IN PAC 105, 30	11211	Lanham AL RESIDENCE (IF IN NURSING HOME	Doctors	Hosp. Of Pr. Ge	o. Co.	Mailer- Wash.	Post
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RE, N DEA GES AND OF V		Henry	J.	Parlett	Nellie	J.	Ice
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TO I AFTE BALL	23a.E	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY C		3d. LOCATION CITY OR TOWN	COUNTY STATE
6 BP	24.5	Burial	June18, 19	979 Ft. Lincol	n	Brentwood	Pr. Geo. Md.
DHMH - 17 (VR A15 ME (5)) 15M 7/77	Z4. F	UNERAL DIRECTOR Robert	G. Beall	Funeral Home	nei JUN	1 9 1979 256. REG	intry Milredy

STATE OF MARYLAND

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To be in the prince of the pri	PEDEATH  REG. NO.  20. DATE KNOWN MONTH DAY YEAR 2b HOUR OF ESTI-DEATH MATED GAY 1979 AM  24 HRS. 21. DATE MONTH DAY YEAR 26 HOUR PRONOUNCED ACTION OF DEATH  ED 9. BALTIMORE CITY OR COUNTY OF DEATH
1. DECEASED NAME (TYPE OR PRINT)  2. DECEASED NAME (TYPE OR PRINT)  3. DECEASED NAME (TYPE OR PRINT)  3. DECEASED NAME (TYPE OR PRINT)  4. DECEASED NAME (TYPE OR PRINT)  5. DECEASED NAME (TYPE OR PRINT)  6. AGE (TYPE OR PRINT)  6. AGE (TYPE OR PRINT)  7. DECEASED NAME (TYPE OR	20. DATE KNOWN MONTH DAY YEAR 2b HOUR OF ESTI-DEATH MATED 6/26 19/9 MM 2d HOUR PRONOUNCED 26 MONTH DAY YEAR 2d HOUR MINING CITY OR COUNTY OF DEATH MOD 1120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Ohio  USA  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOTING SUPER STREET ADDRESS)  Prince Georgess Gen. Hospital	24 HRS 21. DATE MONTH DAY YEAR 28 HOUR PRONOUNCED 1 2 9 BATTIMORE CITY OR COUNTY OF DEATH  ED   FINALL TENENT MD.  1120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS)
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Ohio  USA  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IP NOT IN SUCH FACILITY, GNE STREET ADDRESS)  Prince Georges Gen. Hospita	ED   Bronce Treasure MD.  1120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS)
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	13e STREET ADDRESS 6632 23rd. Avenue,
Marion C. Paulson 15. MOTHER'S MAIDER  Marion C. Paulson Helen	M. Smith
Marion C. Paulson Helen  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GNE WAR OR DATES)  NO NONE  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))	ADDRESS Paulson-wife- (same as 13
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  Conditions, if ony, which gove (ise to immediate couse (a) stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	T 1 (a).
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY AND	20. AUTOPSY?  YES □ NO ★★
190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21d. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19 21d. INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET  STREET	O (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection death resulted from: Natural course Accident , Suicide , Hamicide , ACTUAL SIGNATURE	Undetermined monner
ACTUAL SIGNATURE  EXAMINER'S NAME  [TYPE OR PRINTY]  230. BURIAL, CREMATION, REMOVAL III. DATE  230. NAME OF CEMETERY OR CREMATORY	Tog Burn Ct., Camp Jungs
SECTION SECTION AND SECTION AND SECTION OF CREMATORY	CITY OR TOWN COUNTY STATE
Burial 6-29-79 Ft. Lincoln Cemetery	Dienewood II. deolges in

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	S NECESSARY, PLEASE E UNERAL DIRECTOR. S STORY CONTRIBES OF WITHIN \$2 HOURS WESTON STREET,	3 SEX	Tale Place	5. DATE OF BIRTH MONTH DAY		AGE (IN YEARS IF UI		HOURS	MIN PRONO	UNCED .	MONTH - 18	DAY YEAR	24 HOUR
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OR	FTER DE FORM SS 1 AN	16a. V	AS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORM	ANT	a	ADDRE	SS	14	
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DIVISION OF VITAL RECORDS,	THE THE TOUGHT THE	CALC	UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.M.	MONTH DA		ellA	7 a	Phywo	11	17		
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-	R: THIS G DRWARD SPAGE STATE (2) 2001 P		AT WORK AT WORK	Fond		W,1		EDA VII	- Juli	IN KUI		2011 / HU	ned.
	CATE FOR THE STATE			arge of the remains descri	bed above, h	Suicide	sy L.J. Hamici	Inspection	Undetermined		and in my Spi	man	7-50
	AMI RTIFI SECT TITH		death resulted fram: N	atural coures . A	ccident L	J, Suicide L	_	PECIFY.)	Onderennined	marrier			
	AL EX HE CE HOULD AL DII		ACTUAL SIGNATURE	At Lidy	que	^	D des	uty	MEDICAL EX	AMINER	DATE	6-18	7-79
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: 9 AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21		EXAMINER'S NAME AUG	USTO P. RE	DRIG	uez	ADDRESS 3	009	Laybu	mCt.	Carry	Spre	aps .
	PAG PAG BAL	23a.B	JRIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAM	E OF CEMETERY	R CREMATO	ORY	23d. LOCATION	1	COUN	4 m	STATE /
0			burial	6/21.79	Duf	fields	Cemet		PFD.	Shana	ndoah	June	tion
	1MH-17 20M 1/73 (VR A15 ME (5))		NAME VIN T. SCO	der Co	Charl	es Town		Va.	UN 2 5 19	79 RAR   756. RE	perts.	Am R.	Any
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Old Alexander Ferry Rd. Clinton Md. JUN

250. DATE REC'D. BY REGISTRAR 256. PEGISTRAR'S SIGNATURE

24 FUNERAL DISCORFUNERAL Home Inc.

DHMH - 16 60M 1/75

(VRA 15 (4))

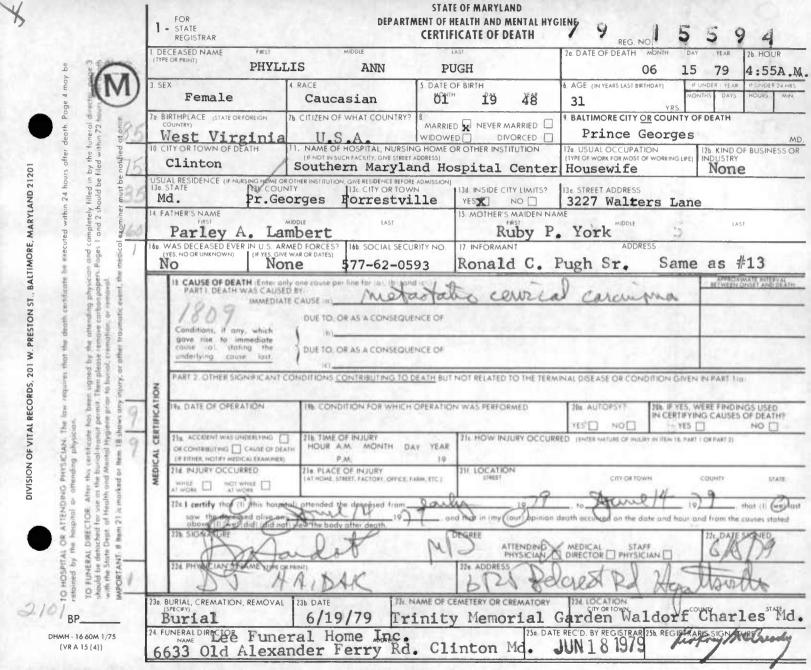
Letter L. Pritchett fanc Harell

Al .D. 26/79 Chelterlan ld. Vet. Lielterlang j.C. id.

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		FOR	DEDAD	STATE OF MARYLAND  MENT OF HEALTH AND MENTAL H	ive)this en I	100 S. T	0 7
	1 -	STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH		2 3	7 3
		EASED NAME FIRST	WIDDLE	LAST	REG. NO		YEAR 26 HOUR
1	(TYPE C	or PRINT)   Myrt]	le L.	Pryor		6 2:	79 3:154
3	SEX	Female	1 RACE White	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDI	ER I YEAR IF UNDER 24 HRS
			w	April 7 1884		YRS.	
10	COI	THPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED			EATH
9		SSOUT I	USA	WIDOWED DIVORCED	Prince G		KIND OF BUSINESS O
OH	Iya	ttsville	Carroll Mano	T AOORESS)	Housewif	F WORKING LIFE) IN	DUSTRY
Same I	30 ST	RESIDENCE (IF NURSING HOME OF ATE 13b COUNTY PG	ROTHER INSTITUTION GIVE RESIDENCE BEFORM  136 CITY OR TO Seat P	RE ADMISSION)  134 INSIDE CITY LIMITS:  10	314 Zelm	a Avenu	ie
1/	4 FAT	HER'S NAME		15 MOTHER'S MAIDEN	. MIDDIS		LAST
00		Gibson	Taylo	r Susa	an	Stace	У
1 16		AS DECEASED EVER IN U.S. AR S NO OR UNKNOWN]   I IF YES, GIV	RMED FORCES? 166 SOCIAL SEC 491-05	-2025	ADDRE	THE PERSON	
		NO .		Helen S. (	Opstad (dau		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate	( b) ART SO	PEAR RENUM	SDIS		YEMP
		couse tot, stating the underlying couse lost	DUE TO, OR AS A CONSEQU				VEED
	NOI	couse tot, stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	UAS. T	023
9	TIFICATION	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO STATE OF THE CONTRIBUTIONS TO STAT	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON  200 AUTOPSY?  YES NO	UAS. 7	PART 1(a)  E FINDINGS USED CAUSES OF DEATH?
- 4	CERTIFIC	PART 2 OTHER SIGNIFICANT (  OFFICE OF OPERATION  216. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO STATE OF THE CONDITION FOR WHICE OF THE	DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY?	20b. IF YES, WER IN CERTIFY ING	E FINDINGS USED CAUSES OF DEATH?
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9	CAL	PART 2 OTHER SIGNIFICANT OF DEPART OF DEPART ON THE SIGNIFICANT OF DEPART OF DE	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO STATE OF THE CONDITION FOR WHICH THE CON	DEATH BUT NOT RELATED TO THE TERMINAL POPERATION WAS PERFORMED  21c. HOW INJURY OCCUPANT 19  211. LOCATION	200 AUTOPSY?  YES NO	20b. IF YES, WER IN CERTIFYING YES TEN THE TEN	E FINDINGS USED CAUSES OF DEATH?
- 4	MEDICAL	PART 2 OTHER SIGNIFICANT (  PA	DUE TO, OR AS A CONSEQUENCE OF ICE OF INJURY HOUR A.M. MONTH IN P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OF INJURY)  The offended the deceased from 19	DEATH BUT NOT RELATED TO THE TERMINAL POPERATION WAS PERFORMED  DAY YEAR  19 211. LOCATION STREET	200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJUI	20b. IF YES, WER IN CERT, IFY ING YES TO THE TIME TO THE TIME TO THE YES TO THE TIME TO TH	PEFINDINGS USED CAUSES OF DEATH? NO  PPART 2)  UNITY STATE
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- 4	MEDICAL	PART 2 OTHER SIGNIFICANT OF PART 2 OTHER 2	DUE TO, OR AS A CONSEQUENCE OF THE PRINTS OF	DEATH BUT NOT RELATED TO THE TERMINAL PORTION WAS PERFORMED  21c. HOW INJURY OCCUPANT OF THE TERMINAL PROPERTY OF THE TER	20a AUTOPSY?  YES NO URRED (ENTER NATURE OF INJUI  CITY OR TOV  ON death occurred on the di  MEDICAL STAL  DIRECTOR PHYSIC	20b. IF YES, WER IN CERTIFY ING YES TO THE TEM 18, PART 1 OF THE TEM 19 TO THE TEM 19	R PART 2)  THOM (I) (THE) IO TO THE SIGNED
1	WEDICAL MEDICAL	PART 2 OTHER SIGNIFICANT OF PART 2 OTHER 2	DUE TO, OR AS A CONSECTION  ICL  CONDITIONS CONTRIBUTING TO  STATE OF INJURY  ATH HOUR A.M. MONTH IN  P.M.  21e PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE  OR PRINT)  OR PRINT)  OR PRINT)  OR PRINT)  CONTRIBUTION OF A CONSECTION  OR PRINT)  OR PRINT)  OR PRINT)	DEATH BUT NOT RELATED TO THE TERMINAL PORTION WAS PERFORMED  21c. HOW INJURY OCCUPANT OF THE TERMINAL PROPERTY OF THE TER	20a AUTOPSY?  YES NO URRED (ENTER NATURE OF INJUI  CITY OR TOV  ON death occurred on the di  MEDICAL STAI  DIRECTOR PHYSIC	20b. IF YES, WER IN CERTIFY ING YES TO THE TEM 18, PART 1 OF THE TEM 19 TO THE TEM 19	R PART 2)  THOM (I) (THE) IO TO THE SIGNED

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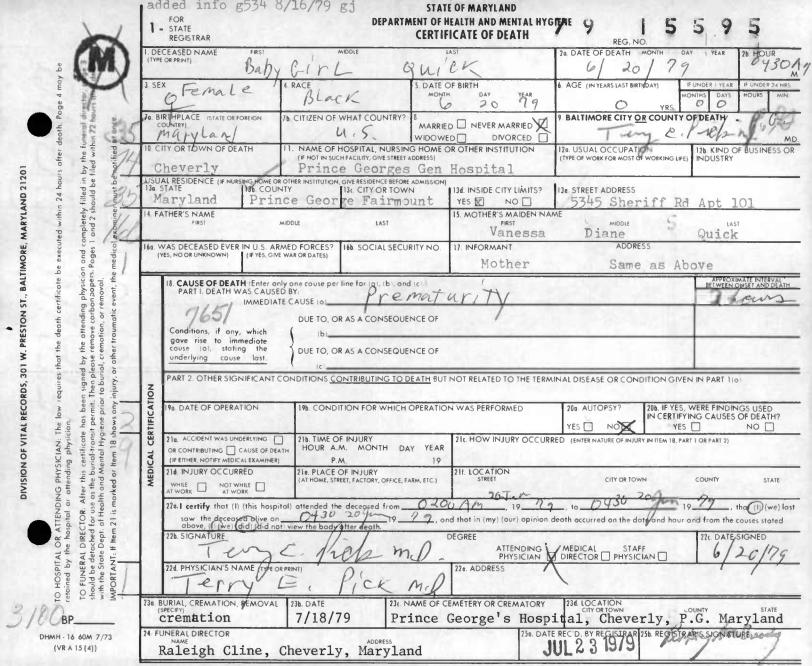
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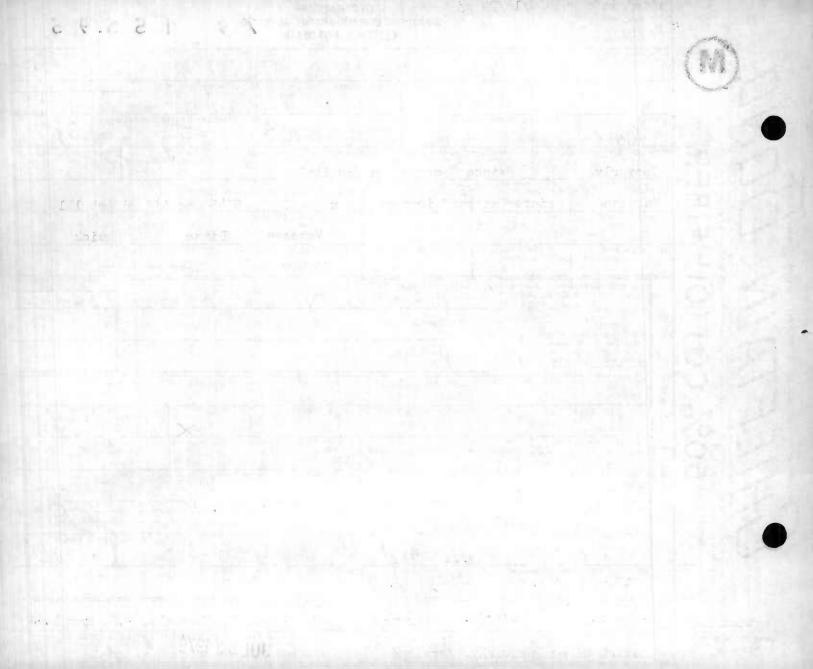
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

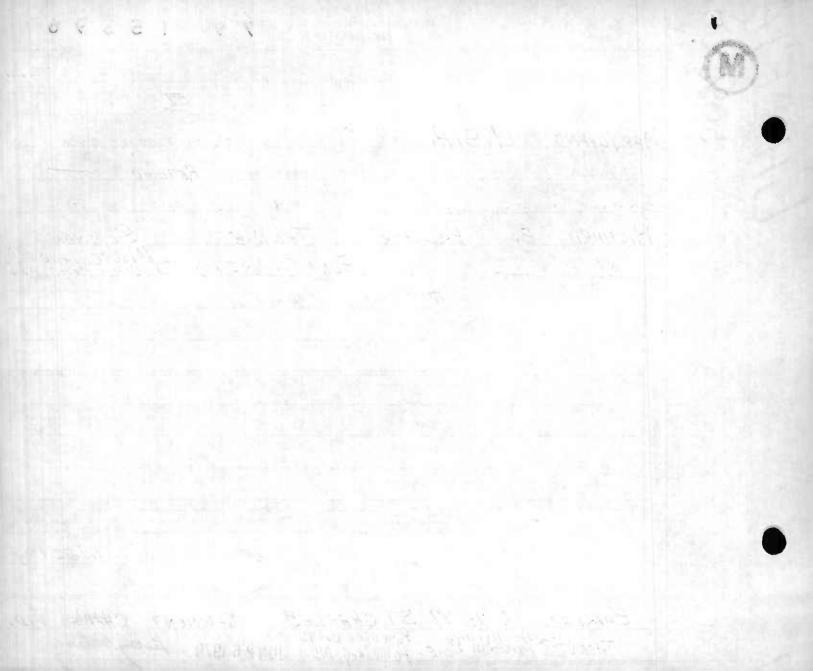
	FOR STATE REGISTRAR	DE	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGINE 9  REG. NO. 5 5 9								
1	I DECEASED NAME FIRS	MIDDLE	LAST	20 DATE OF DEATH							
	(TYPE OR PRINT)	7.17	77.4		06 21 79 2:30P						
	3 5EX	4. RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	00 / 9						
	Female	Black	MONTH DAY YEAR	53	MONTHS DAYS HOURS						
	I BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	02 07 21 NTRY? 8	9 BALTIMORE CITY	OR COUNTY OF DEATH						
35	MARYLAND	U.S.A.	MARRIED NEVER MARRIED L	Prince G	Georges County						
200	Clinton	111. NAME OF HOSPITAL, NO (IF NOT IN SUCH FACTUTY, GIVE SOUTHERN M.		120 USUAL OCCUPAT							
8	USUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION, GIVE RESIDENCE	CE BEFORE ADMISSION)		INED						
120	Tiju STATE 13b C	OUNTY 13c. CITY O	}								
523	Maryland Ch	arles Acco	keek YES NO S	Rt. 2 Box	70, 20607						
100	FIRST	MIDDLE D LA	ST ERST	MIDDLE	LAST						
1-60	MICHARD	E. PROX	CTOR JENI	VIE	SIMIYON-S						
0	(YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? 166 SOCIA	L SECURITY NO. 17 INFORMANT	ADDR	ESS /0/ WOOD) LAND						
1	1/0		24-5818 LONA GKE	ENFIELD	INDIAN HEAD. N						
ŧ i	IS CAUSE OF DEATH En	ter anly ane cause per line for al.			APPROXIMATE INTERV. BETWEEN ONSET AND D						
ljury, ar of	- 1	( Ic)	NG TO DEATH BUT NOT RELATED TO THE TE	rminal disease or con	ADITION GIVEN IN PART 1(a)						
2	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYIN	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH						
3	210 ACCIDENT WAS UNDERLYIN	G 216. TIME OF INJURY	21c. HOW INJURY OCC	JRRED (ENTER NATURE OF INJU							
9	OR CONTRIBUTING TO CAUSE				•						
2 /	(IF EITHER, NOTIFY MEDICAL EXAM	AINER) P.M.  21e. PLACE OF INJURY	19 21f. LOCATION								
open	WHILE NOT WHILE DAT WORK	LAT HOME CIPEET CACTORY		CITY OR TO	WN COUNTY STAT						
0 00		haspital) attended the deceased									
70	saw the deceased alm abave, (I) (we) (did) (d	ve an June 21	_19_79), and that in (my) (aur) apinio	an death accurred on the d	date and haur and from the causes state						
-	276 SIGNATURE	ande	DEGREE ATTENDING PHYSICIAN								
1 18	22d. PHYSICIAN'S NAME (	TYPE OR PRINT)	22e ADDRESS								
000	Rosario	Fernandez	Indian He	ad, Maryla	nd 20640						
2	230. BURIAL CREMATION, REMO	DVAL ZIE PATE 1AV	231. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE						
-	DUKIAL	6-20-17	1. CHAKLES	GIVMON	VI CHARLES /						

DHMH - 16 60M 1/75

(VR A 15 (4))

24 FUNERAL DIRECTOR LAND TON FUNERAL HOME PO MONKEY, MD.

JUN 26



					STATE OF MARYLAND						
		1.	FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	5 5 9 7				
de o de		I DE	CEASED NAME FIRST LEW.	IS HENRY	REED	June 26, 1979 20. HOUR 9.09					
		3. SE	x Male	White	Dec 14,1904	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 0 MONTHS DAYS HOURS M YRS.	HRS			
of once	109	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Geo:	OUNTY OF DEATH	MD.			
notified	83		TY OR TOWN OF DEATH Lanham	11. NAME OF HOSPITAL, NURS IF NOT IN SUCH FACILITY. GIVE STRI DOCTORS HOS	ING HOME OR OTHER INSTITUTION ET APORESS) PItal of Pr. Geo	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK O . act/	IZB. KIND OF BUSINESS INDUSTRY AUDIO TUS Gov	OR			
r must be	35	USU. 13a. S	ALRESIDENCE (IF NURSING HOME OF TATE 13% COU		WN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS 7223 Kempt	on Road				
exomine	160	14. FA	Clifford	Reed Reed	15. MOTHER'S MAIDEN NA	ace MIDOLE	Francis	_			
medicol	-	16a V	VAS DECEASED EVER IN U.S. AI (# YES, GN	RMED FORCES? 166 SOCIAL SE 212-38		Reed (wife) s	ime as above				
y injury, or other troumatic		NOIL	I_T_T	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	winal disease op ondition	···.				
hows on	2	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO X	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO				
r Nem 18 s	9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	ATH HOUR AM. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)	_			
		WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE				
Hem 21 is n			sow the deceased alive as	properties the body ofter death.	29, and that in (my) (our) opinion DEGREE		nd hour and from the couses stated  224. DATE SIGNED				
IMPORTANT. H			224 PHYSICIAN'S NAME (TYPE OF AMIR S. BANI		22e ADDRESS	medical staff director physician  r Rd., Cheverl		<u>79</u>			
IMP		23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY Metropolitan Crem	23d LOCATION CITY OR TOWN	Virginia STATE	=			
ON:/:	A 78		Cremation UNERAL DIRECTOR Trancis Gasch	s Sons, PA Hya	25s. DA	TE REC'D. BY REGISTRAR 236. R					
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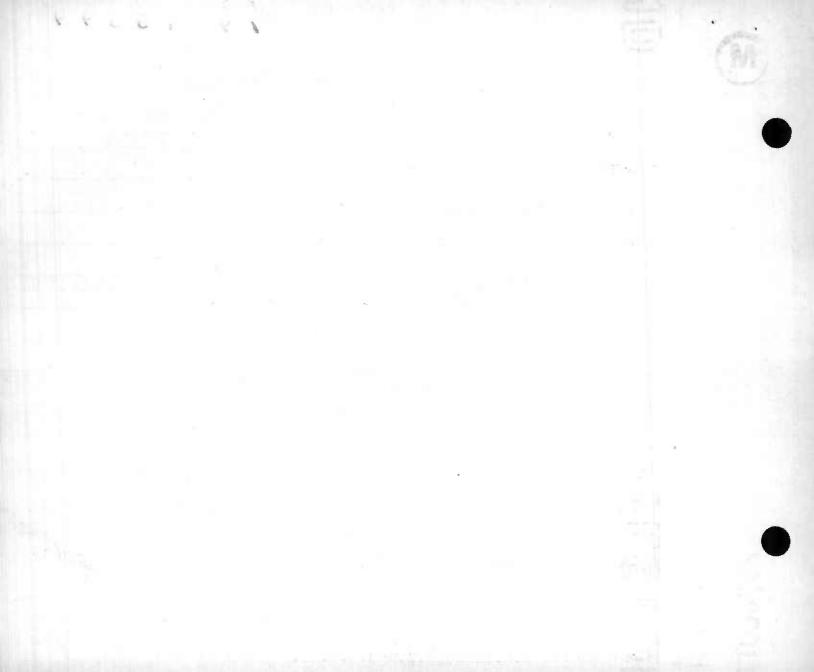
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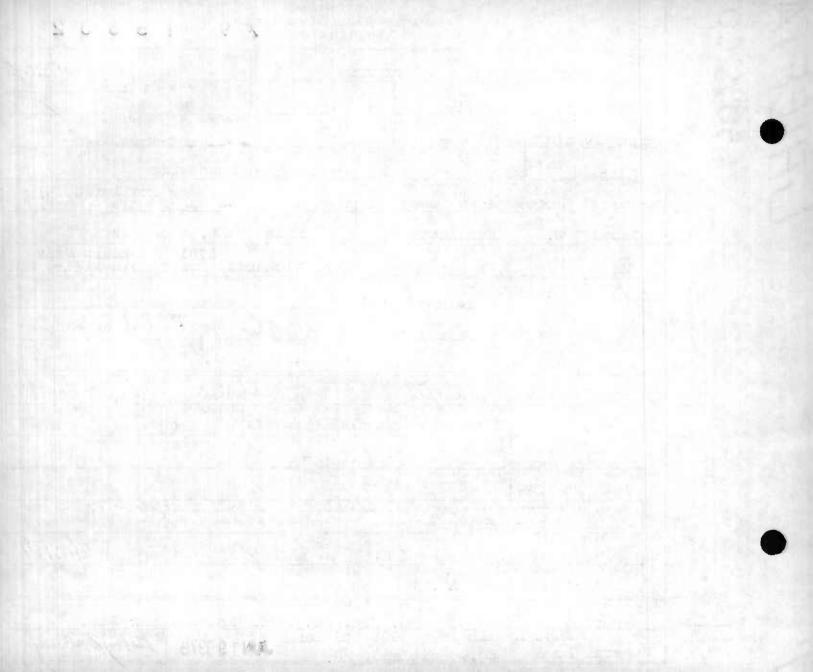


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	1-3	FOR STATE			EPARTMENT OF				DEATH		5 6	0 1	
1		REGISTRAR CEASED NAME	FIRST	MEL	MIDDLE		AST	ALE OIVI	20.IDATE	REG. NO	MONTH	DAY YEAR	2ъ. но
	{TYPE	OR PRINT)	WILL	CAM AT-	fred		RENN	Jr.	OF	ESTI-		30 1979	
	3 SEX	4. R	ACE :	DATE OF BIRTH	6. AGE (INY	TEARS IF UN	DER 1 YR. IF	UNDER 24 I		E	MONTH	DAY YEAR	2d. HOL
	MA	LE WI	hite	Dec. 16,		YRS.	S DAYS H	IQURS MI	PRONOL		6	30 179	3:5;
I		REIGN COUNTRY)		7b. CITIZEN OF WH	AT COUNTRY?	8. MARRII	D NEVE	R MARRIED	9 BALTI	MORE CITY O	R COUNT	Y OF DEATH	Mary
ļ		shington		U.S.A.		WIDOW	ED 🗆	DIVORCED	Prin	ice Geo	rge's	County	, M
ı		TY OR TOWN OF E	DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOM	)		1	en usual occ For most of w Warehot	ORKING LIFE)	E OF WORK	Heching	PY B
1		everly	NURSING HOME OR	Prince G	eorge's Ge	n. Hos	DO. (DO	A)	warenot	is e			
		aryland	Prince	Georges	Hyattsvil	le	13d. INSIDE CITY YES		3735 Wa		venue		
t	14. FA	THER'S NAME		MIDDLE	LAS7		15. MOTHER'	SMAIDEN	NAME	MIDDLE		LAST	
l		William		A.	Renn Sr			nice		ALTER S	.2	Cash	
I	(YE	/AS DECEASED EV (S. NO, OR UNKNOWN) Yes	(IF YES, GIVE W	AR OR DATES) -	16h SOCIAL SECURI 214 70 16		Willia		Renn Sr		as #	13	
		,	Vietn		for (a), (b), and (c).)					ra	ther	APPROXIMAT	E INTERVAL
l		PART I DEATH	WAS CALISED	RV.	ultiple in	122mi 0						BETWEEN ONSE	T AND DEAT
1		0151	IMMEDIATE		AS A CONSEQUENCE		· · · · ·					100	
ı	7	Conditions,	if ony, which										
1			to immediate	(b)	AS A CONSEQUENCE	7.05							
1		lying couse lo		DUE TO, OR	AS A CONSEQUENCE	COr							
		PART 2 OTNER SIGNIFI	ICANT CONDITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	RMINAL OISEASE	OR CONDITION G	IVEN IN PART 1	(0).			1	
1	Z	F11153											
1	AT	19a. DATE OF OP	ERATION	19b. CONDIT	ION FOR WHICH OPE	ERATION W	AS PERFORM	ED?		2.5	MAG	20. AUTOPSY	?
1	CERTIFICATION								134.00		. 1	YES 🔀	NO 🗌
1	CER	210 EXTERNAL C		21b. TIME OF	INJURY MONTH DAY YEA	21c. HC	W INJURY O	CCURRED	ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PAR	RT 2)	
-		UNDERLYING CONTRIBUTING	OR CAUSE OF DI	0 00			river i	in aut	o/fixe	dobjec	timo	act	
	MEDICAL	21d INTURY OCC	LIRRED	21e PLACE C	FINJURY (AT HOME, DRY, FARM, ETC.)	21f. LO	ATION		CITY OR		cou		STATE
1	X	WHILE AT WORK	T WORK		reet			venue		rgo	P.		MD
		100	-		ribed above, held on	Autops	45	Inspection [	, Inquir		nd in my api		-
2			1 0	country E	77	s. All I	Homicid		Undetermined		о ш му орг	in con	
		death resulted f	T Proff	H. Carrier	cident [A.]	Jorge []	TITLE (SPE		Onderermined	monner [			
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		SIGNATURE	1000	MACE	JANA	1-4	Prehm	ay OIII	COMEDICAL EXA	AMINER	SIGNE	1/1	119
-	100	EXAMINER'S NAME (TYPE OR PRINT)		as D. Smi	th, M.D	814.2	ADDRESS	111 P	enn St.	Bal	to.,	Md.	
		URIAL, CREMATIO	N,REMOVAL 23		23c. NAME OF C				23d. LOCATION		cou		HAIR
	1	Burial		7/3/79	Ft. Line	coln C	emeter	У	Brentw		P.G.	M	d.
	24 F	PARCIS GA	sch's S	ons Funer	al Home,	P.A.	25	a. DATE REC	D BY REGIST	1979	fire	mythel	usely
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2/	STATE OF MARYLAND	
7	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGYENE 9 1 5 6 0 2	
	REGISTRAR CERTIFICATE OF DEATH	
1.0	1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 28 HOUR	
1 1	ELIZABETH E E RICHARDS 06 13 79 720	0
1 25	3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR   IF UNDER 24	HRS
4 off		AIN
Poge	Female Caucasian 03 11 03 76 YRS 7 PRINTED TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH	
716 72 #	COUNTRY) MARRIED   NEVER MARRIED	
deo de thun thun thun	Pennsylvania USA WIDOWED, DIVORCED D Prince Georges County  10 CITY OR FOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINESS	MD.
office dwg	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	OK
urs of file	Clinton SOUTHERN MARYLAND HOSPITAL CENTER HOUSEWIFE  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
D 21	136 STATE 136 COUNTY 136 CITY OR TOWN 138 INSIDE CITY LIMITS? 136 STREET ADDRESS Trailer Ct. 3	
AN till hould	Maryland   Prince Georges Temple Hills No   No   Temple Hills No 20037	
with with d 2 s	14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST	
M be du gloc	Jacob W. Berninger Ella M. MIDDLE ?	
MORE execu	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 6701 Botetourt Drive	:
TIMO	No 579-30-2064 Carl Richards, Son, Temple Hills, M	_
3AL)	18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).  BETWEEN DATE (A)	ATH
phy phy promover	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE TO CINCLE and Consultation of the Consult	1
ding orbo	14.10	
PRESTON ne deoth c en attendir emave cort motian, or r troumatic	Conditions, if any, which (b) acute Deaphragmatic Myocardial infarction	
he o he o most	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	-
by th by th ose re ather	underlying cause last. Severe aller selevin	
20 res the please the	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0/	
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RECORDS.  I law require.  os been signer or begrant. There was any injurt.	TOUS PRESENT DIABETES, Hand Vent februllation, Conglete Heart Hear	
hos hos	Transverious Pacemater for HTGHZ YES IN NOTE IN CERTIFYING CAUSES OF DEATH	
VITA Nysicie Icote ronsit Hygin	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
DN OF VITA  IYSICIAN: T ding physici s certificate burnal-transi Mental Hygi or tem 18 sh	TOR CONTRIBUTING TO CAUSE OF DEATH. HOUR A.M. MONTH DAY YEAR I	
HYS III ding ading burn Mer or Ite	21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION	
	WHILE AT WORK	
DIVISION OF PAtter 11 After 12 Cos the cos the coll on oncoll onc	22a   certify that (1) (this trospital) attended the deceased from (2/8/77, 19, 10, 6//3, 19, 77, that (1) (we	lost
Tel OR STATE	sow the deceased give on 6/13/79 19 and that in (my) (wwr) apinion death accurred on the date and hour and from the causes state	
RECT Ped for ppt. o	obave, (1) (we) (did) (did not) view the body after debth.  22b. SIGNAJURA / DEGREE 22c. DATE SIGNED	
He Loch	ATTENDING MEDICAL STAFF	7.
ERAL Stote	22d PHYSICIAN'S NAME (TYPE OF PRINT)  22e ADDRESS  PHYSICIAN DIRECTOR	
OSF THE HA		
TO HOSPITAL Cretained by the retained by the TO FUNERAL Ground be detent with the Store DIMPORTANT: If	Richard McConnaughy M.D.	
	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY STATE	
OCCUBP	Burial 6-18-79 Md. Nat. Me. Park Laurel, Maryland	
DHMH - 16 60M 1/75	24 FUNERAL DIRECTOR RObt E Wilhelm ADDRESS 4308 Suitland 250. DATE REC'D. BY REGISTRAR 250. RECASTRAR'S SIGNATURE	
(VR A 15 (4))	Funeral Home Rd., Suitland, Md. Jun 19 1979 horfay Rolling	



	1			STATE OF MARYLAND							
	1-	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GJENE C	5	6 0	3			
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO						
, ε		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR			
a de de		DORIS	ANN	RICHESON	0		.5 79	3:06 A M			
19	3 SE)		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BI	(THDAY)	MONTHS DAYS	HOURS MIN.			
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nce.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH				
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fed	10 01	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	120 USUAL OCCUPATION OF WORK FOR MOST	OF WORKING LIF	12b. KIND ( INDUSTRY	OF BUSINESS OR			
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st be		AL RESIDENCE (IF NURSING HOME C TATE 136 COU	DR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS						
mg.	Md		eorges Suitland	YES 🔀 NO 🗌	3508 Parkw	ay Ter	race				
- E		THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME		LA	.51			
2//	1	Alfred W	. Andersor	n Mary		12	Long	1			
edicol	16a W	AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GIT	RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDI	ESS					
Ě		ES NO OR UNKNOWN) (IF YES, GI	216-64-0	0036 Don D. Rich	heson (spo	ouse)	Same				
t, the		18 CAUSE OF DEATH Enter of	only one cause per line for (a), (b), an	dic 1/ - 0 1/	0-6-		BETWEEN	ONSET AND DEATH			
emo			ATE CAUSE (0)	Viral Myo	car de les	,		days.			
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s on)	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?		S, WERE FIND I				
18 shows	E E		-		YES NO		s NA	но 🗆			
8 9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR 21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18. F	PART 1 OR PART 2)				
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Herr		22b. SIGNATURE	27 011	DEGREE			221. DAYS	SIGNED			
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₹-	230 B	URIAL, CREMATION, REMOVA	L 23b. DATE 23c. I	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE			
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)		Funeral	Home Inc	Cuitland Ma	JUN 1 9 1979	pe	intray M	OCKAOLY .			

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				STATE OF MARYLAND		
	1-	FOR STATE REGISTRAR	DEPA	REPORT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENRY 9 REG. NO. 1 5 6 0	4
	I. DEC	CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	24. DATE OF DEATH MONTH DAY YEAR	HOUR
1		Roscoe	McKnight	Roach	6-11-41	17
1	3. SE)	Male	White	5 DATE OF BIRTH MONTH DAY YEAR August 8, 1924	6 AGE (IN YEARS LAST BIRTHDAY)  FUNDER I YEAR  MONTHS DAYS HOU	mar par
of once.	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNTY OF DEATH Pr. Geo. Co.	
notified	Un:	iversity Park	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STA 6701 Queens CI	SING HOME OR OTHER INSTITUTION (SET ADDRESS) hapel Rd.	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	b. KIND OF BUSINESS IDUSTRY Gov! t.
should be	13a S	TATE 136 COU	or other institution, give residence be inty  G.  Univ.	Park YES NO [	13a. STREET ADDRESS 6701 Queens Chapel Rd.	
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ilease remove carb ral, cremation, ar r or other traumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE CONSECUT	DUENCE OF	LINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
oermit Then please remove carb ne prior to burial, cremation, or r ws any injury, or other troumatic	TIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSECTION OF THE TO, OR AS A CONSECTION OF THE TOTAL	DUENCE OF	20a AUTOPSY? 20b. IF YES, WERE FINDINGS UNCERTIFYING CAUSES OF D	USED
onsit permit. Then please remove corb. Hygiene prior to burial, cremotion, or a shows any injury, or other traumatic.	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE TOP OF THE	DUENCE OF  O DEATH BUT NOT RELATED TO THE TERM  CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS L	USED DEATH?
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tor use as the burial intensity permit. Then please remove corb of Health and Mental Hygiene prior to burial, cremation, or 1.21 is marked or Item 18 shows any injury, or other traumatic.	-	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK AT WORK SAW, the deceased place of the country of the coun	DUE TO, OR AS A CONSECTION OF THE PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFIN  OTHER OF MEMBERS, CONSECTION OF THE PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFIN  OTHER OF MEMBERS, CONSECTION OF THE PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFIN  OTHER OF THE PLACE	DUENCE OF  DUENCE OF  O DEATH BUT NOT RELATED TO THE TERM  CH OPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION STREET  19 19 19 19 19 19 19 19 19 19 19 19 19	200 AUTOPSY?  YES NO YES NO YES NO	STATE
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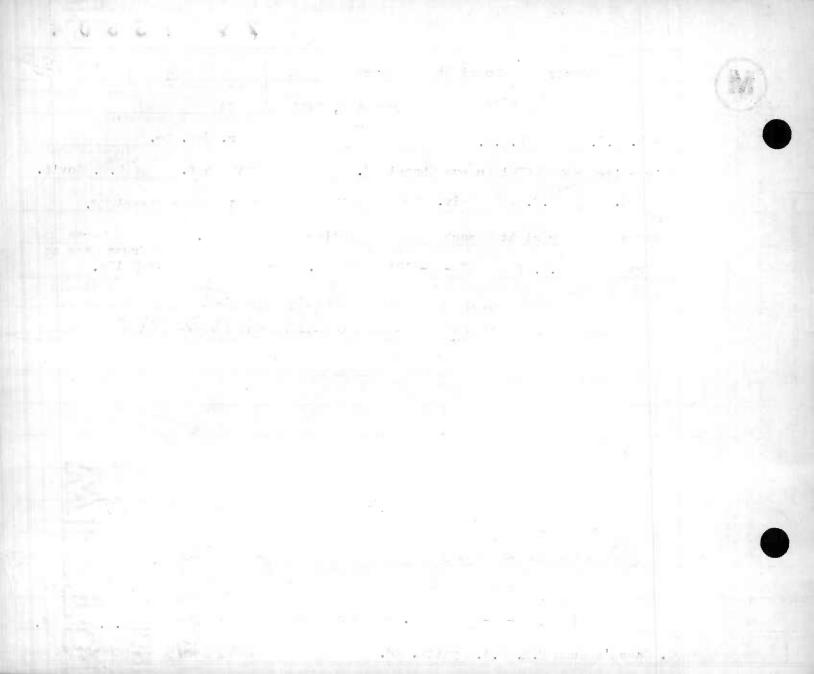
Md. Veteran Cemetery

DHMH-16 20M (VRA 15, 4) 7/7B 74 FUNERAL DIRECTOR
NAME
F. Gasch's Sons F.H. P.A. Hyatts. Md.

Burial

6-15-79

Cheltenham P.G. Md.
CD. BY REGISTRAT & SIGNATURE
JUN 181979



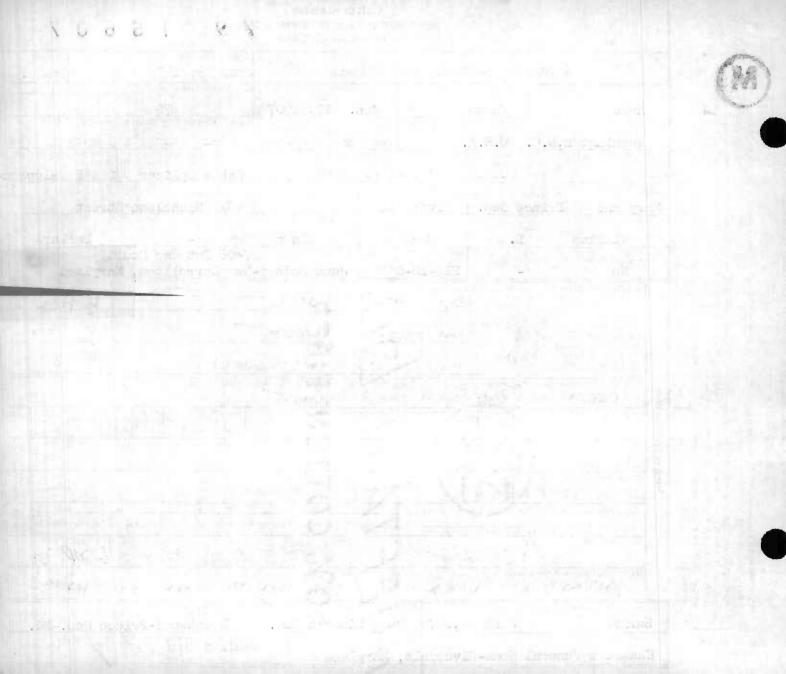
STATE OF MARYLAND

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS! - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST I. DECEASED NAME 2s DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) DORA **ROBINSON** 06 1:13 R. 11 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR & AGE JIN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR MONTHS DAYS HOURS Female Black 1893 Jan 86 YRS. To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY PRINCE GEORGE'S COUNTY Maryland WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY PRINCE GEORGE'S GENERSL HOSPITAL CHEVERLY Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STATE 136 COUNTY 13a. STREET ADDRESS 13d. INSIDE CITY LIMITS? RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND Maryland Prince Geo College NO [ 5015 Lakeland Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST Robert Brooks Anni e Unknown 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 577-34-1423 Leon Robinson-5010 Pierce Ave.-College Pk.Md APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per lawfor (o), (b), and ac PART I. DEATH WAS CAUSED BY d IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate couse, (a), stating DUE TO, OR underlying couse lost. OTHER SIGNIFICANT CONDITIONS CONTR G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(9) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220 I certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on, obove, (I) (wa) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LTYPE OF PRINTS 22e ADDRESS should be 0 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE COUNTY STATE CITY OR TOWN Burial 1979 Maryland National Laurel P.G. Co. Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR DHMH-16 20M (VRA 15, 4) 7/78 Chambers Funeral Home Riverdale, Maryland

STATE OF MARYLAND

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Nalley's F.H.Inc.

(VR A 15 (4))

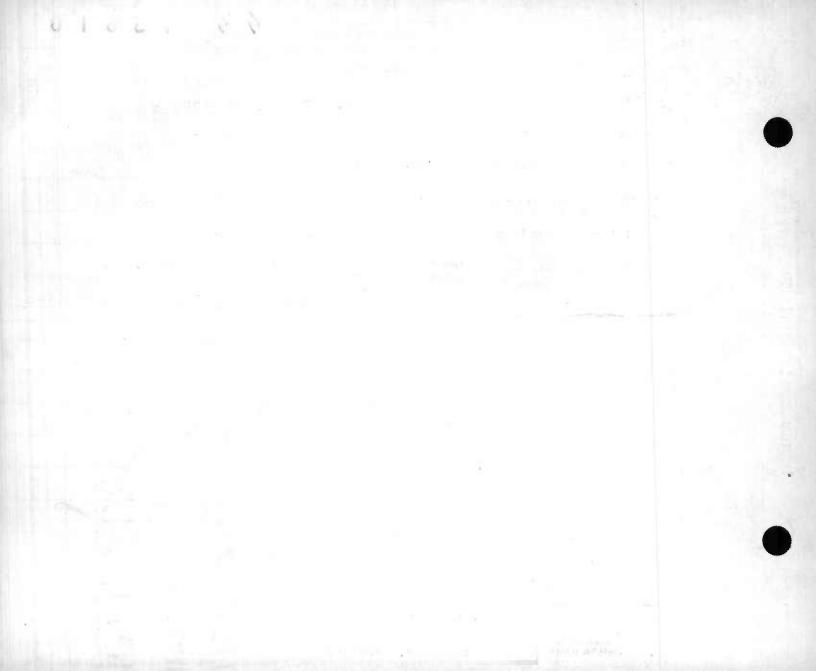
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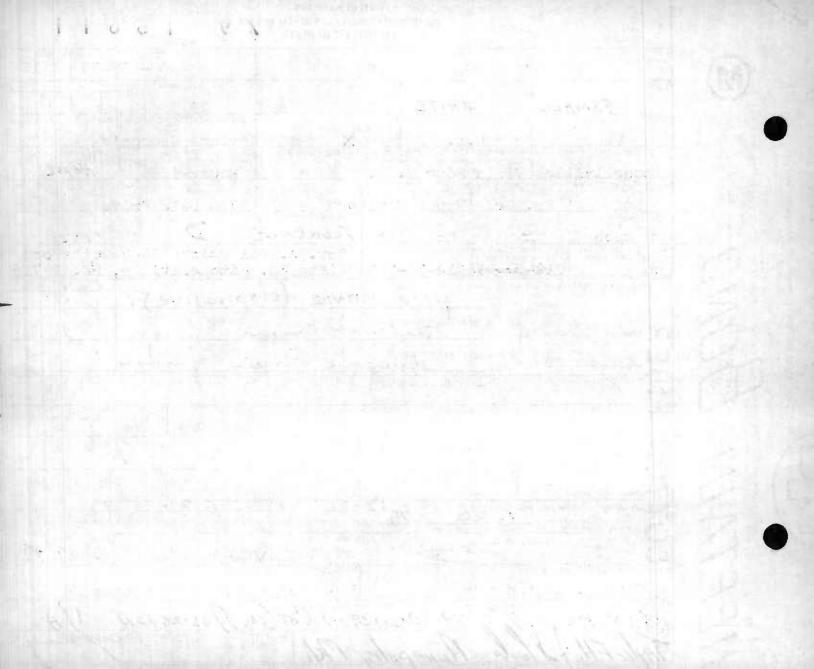
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1	MEDI	21d. INJURY OCCURR	ED -		OF INJURY TORY, FARM, ETC.		21f. LOCATION STREET		CITY OR TOW	N	C	OUNTY		STATE
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1		220. I certify that I		of the remains de	scribed above	held an	Autopsy X	Inspection .	Inquiry		and in my o	pinian		1100
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1		EXAMINER'S NAME (TYPE OR PRINT)	Marg	arita A.	Kore 1	1. M.D	ADDRESS	111 Penn	Street					
7	23e. B	JRIAL, CREMATION, RI					TERY OR CREMATO		LOCATION			LINIEW		
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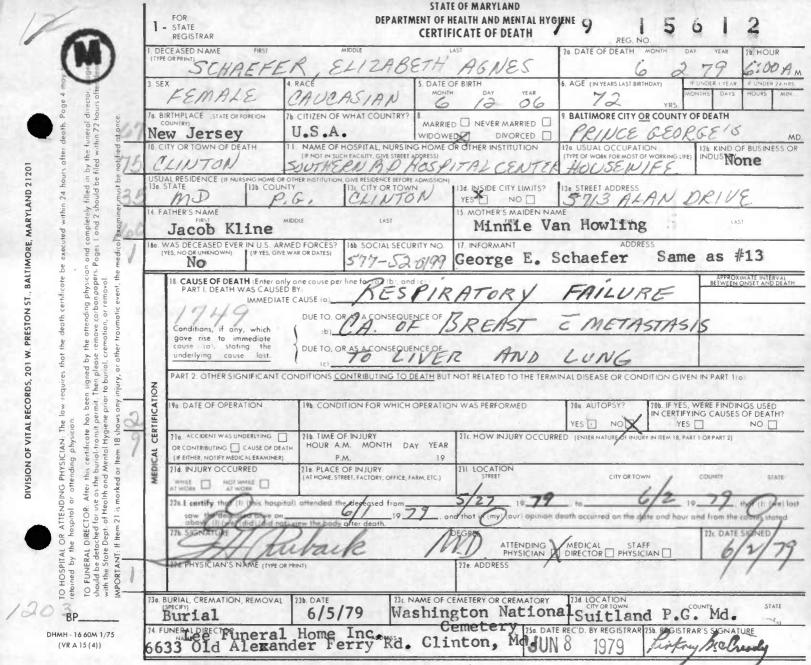
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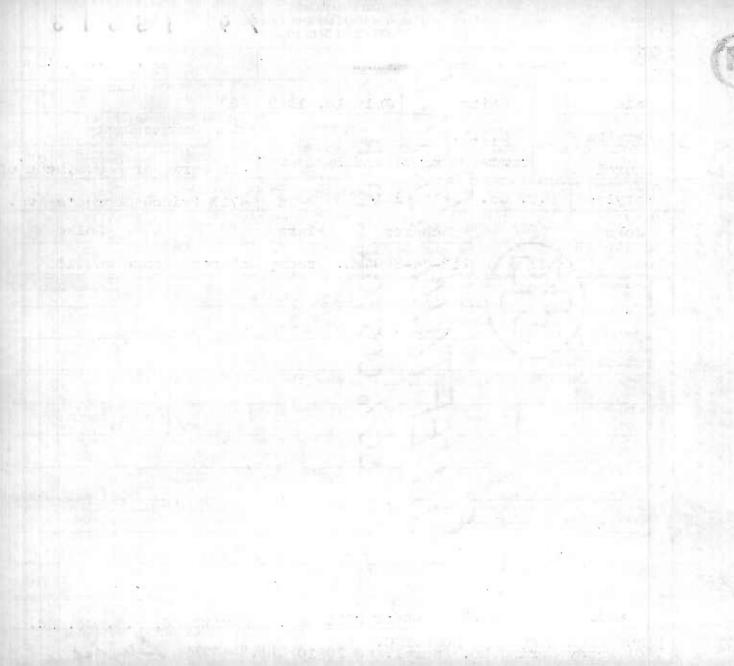
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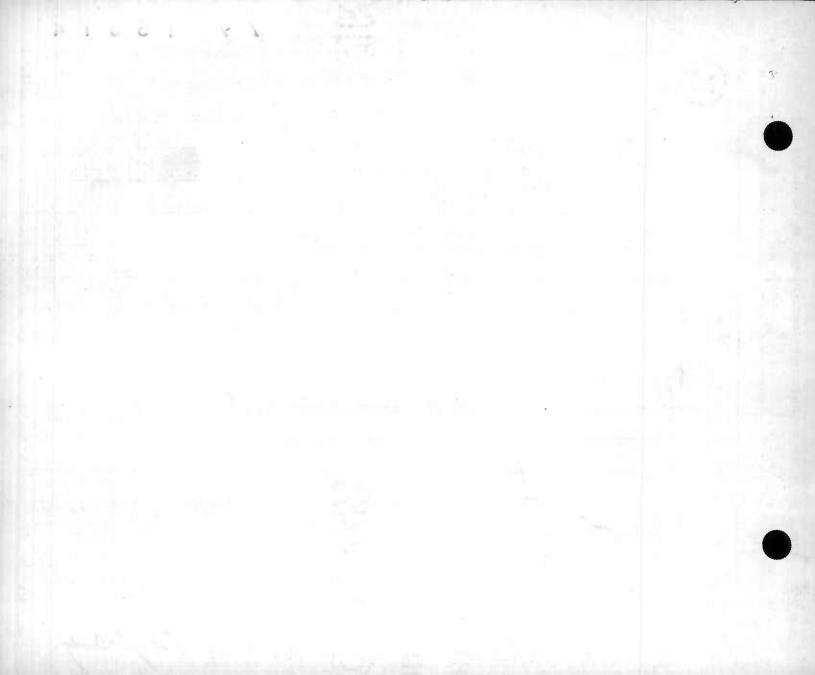
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH (TYPE OR PRINT) 8:45 Andrew am F Scherer 06 15 79 3 SEX 4 RACE S. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS July 10, 1909 MONTHS DAYS Male White 69 To BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED TO NEVER MARRIED Prince Georges County Nebraska U.S.A. WIDOWED DIVORCED T IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 12a. USUAL OCCUPATION Greater Eaurel Beltsville Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Laurel Lithographer U.S.Dept MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ould be 13h COUNTY Beitsville 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Co. 4713 Prince George's Ave. NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 2 John MIDDLE Kiara MICOLE puo Scherer Kolke 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS YES, NO OR UNKNOWN) 216-44-3000 M. Tracey Scherer as #13 same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY arunoma. tustance IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF inocaranoma - Lung Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED p IN CERTIFYING CAUSES OF DEATH? YES T NO T 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 Me 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE STATE AT WORK AT WORK 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an abave, (K (we) (did) (did not) view the body after death and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF IMPORTANT PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY Burial 6/18/79 Cedar Hill Cem. Suitland P.C. Co. FLECK LAUREL FUNERAL HOME, INC. 7601 Sandy Spring Rd. Laurel, Md 20810 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 (VR A 15 (4))

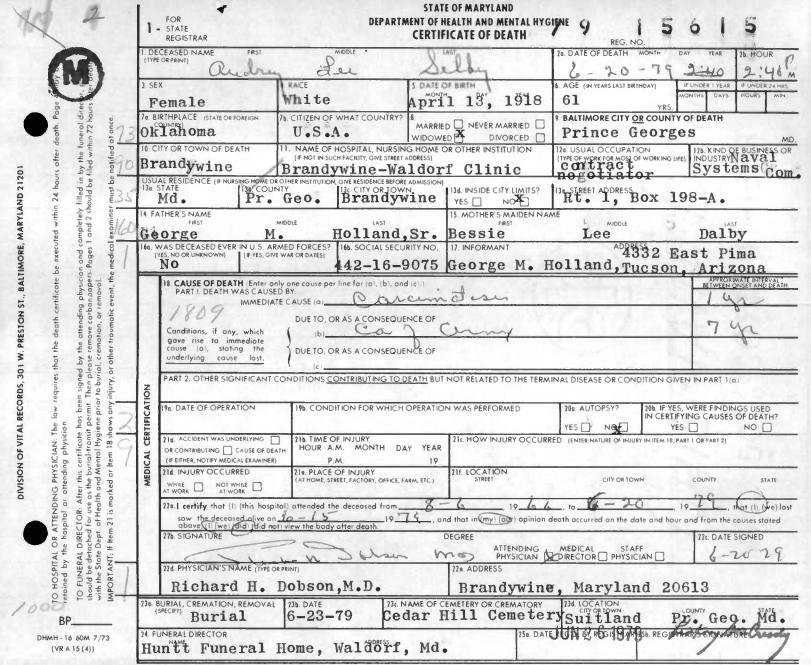


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR





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Gasch's Sons, P.A. Hyattsville, Md.

FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIPNE ( CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Auto Dealership 3900 Hamilton St. Delaney Same as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 month 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

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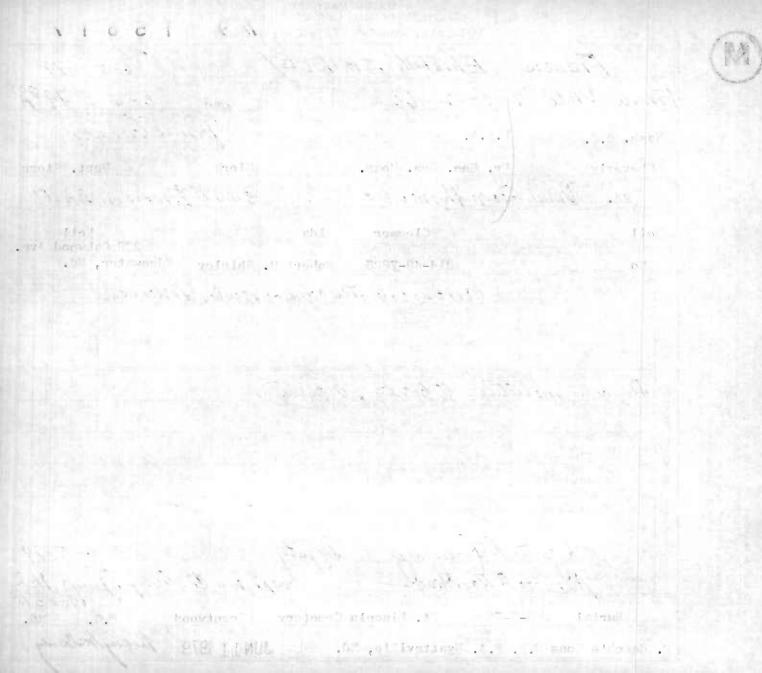
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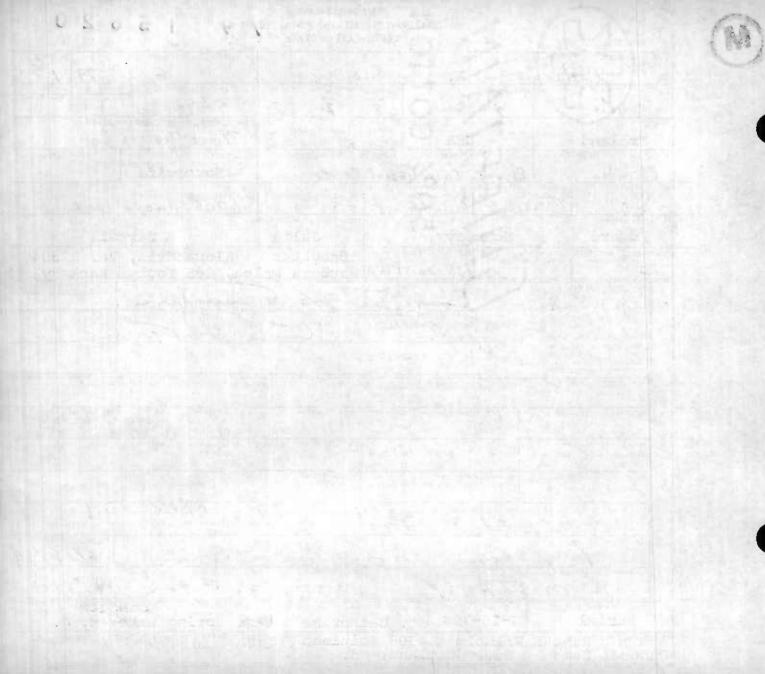


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	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HO	ME, OR OTH		120. USUAL O	CCUPATION (TY	PE OE WOR 2h	KIND OF BUSINESS
11	10	LINTO	N	S NI TH	FRN D		OSPITAL.	Driv	E WORKING LIFE)	T	OR INDUSTRY
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-	-	THER'S NAME		ICL BLU	DAUN II	14	15. MOTHER'S MAIL		Souri	ILKN I	TVE
		arl	E.	Sholler	LAST		EIRST		WIDDLE	70"	n es
	_		D EVER IN U.S. AR		166 SOCIAL SECU	DITY NO	17. INFORMANT	anor	ADDRES		
Ì	(Y	S, NO, OR UNKNO		WAR OR DATES)	1000		IV. IIVI OKMAINI	Rena :			mpton Ct.
		NO			577-18-	2390	David R	. Shol	lenher		
		18 CAUSE C	F DEATH (Enter on ATH WAS CAUSE	ly one cause per line	- /	,					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		11 0		TE CAUSE (a)		ecotec	Clareles	Vaneu	ey du	euse	
, Y		72	1 %	DUE TO, OR	AS A CONSEQUENC	CE OF				100	
			ns, if any, which se ta immediate	(b)						ALC: N	
		cause (o	stating the under-	DUE TO, OR	AS A CONSEQUENC	E OF					
		ly mg coc	30 1031.	(c)					1		
		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE T	ERMINAL DISEAS	OR CONDITION GIVEN IN I	PART I (a),			
	ON	Blea	beles m	welletres							
age.	18	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OF	PERATION W	AS PERFORMED?		N.C.	20	0. AUTOPSY?
b	Ĕ									2 1	YES NO NO
5	MEDICAL CERTIFICATION		L CAUSE WAS	216. TIME OF		21c. Ho	OW INJURY OCCURE	RED (ENTER NATURE	OE INJURY IN ITEM 18	PART 1 OR PART 2)	
5	NAL.	UNDERLYING	G □ OR NG □ CAUSE OF I		MONTH DAY YE	AK					
	Dig	21d INJURY C	CCURRED .	21e. PLACE O	F INJURY (AT HOME		CATION			1000	
	E	WHILE AT WORK	NOT WHILE C	STREET, FACTO	ORY, FARM, ETC.)		TREET	CITA	ORTOWN	COUNTY	STATE
		7									
		22a. I certi	fy that I taak charg	ge af the remains desc	fibed abave, held ar	n Autop	sy 🔲, Inspecti	ian . Ind	uiry LJ, a	nd in my apinia	n
	111	death result	ed fram: Natur	ral caures ,	Accident ,	Suicide	, Homicide	Undetermin	ed manner,		
		ACTUAL A	Heren	MOV	1.1.	/	TITUE PECIFY)	-		DATE	1 21-70
_	+	SIGNATURE	1 tolas	- K	myerx	M	D. Begue	7_MEDICAL	XAMINER	SIGNED	6-7-17
6	4	EXAMINER'S	NAME	- A Dan	nit.		1/_/	2 1	4.	1	CI
_		(TYPE OR PRI	NT/TUGUS	18/4 KOII	4 our		ADDRESS 09	KAYA	m Ct,	Comp.	Hurys
	230.B	JRIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY O	R CREMATORY	231 JOCATI	ON .	24000	103/1 STATE
	LE	Jurial	Total Control	6-7-79	Ft. L	incol	n Cem.	Colm		. P. I	G Mrt.
	24. F	JNERAL DIREC	TOR	ADDRESS			25a. DATE	EREC'D. BY REG		215-11	Halreody
	TH		tt Fune	ral Home	Maldor	f. Md	-	PONTI	313	/	

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	ECEASED NAM			DEPARTMENT OF HEALTH DICAL EXAMINER'S C	LAST	20 DATE KNOWN X 7 MONTH	DAY YEAR 21
(1	TYPE OR PRINT)	Ca	rol A	nn Sh	rewsbury	DEATH MATED 6	23 19 79
3. S	EX	4 RACE	5. DATE OF BIRTH		NDER 1 YR. IF UNDER 24	4 HRS. 2t. DATE MONTH PRONOUNCED	DAY YEAR 1
	male	white	Jan 20, 1	.950 29 YRS.	HS DAYS HOURS	DEAD 6	23 19 79
	Pennsy		76. CITIZEN OF WH	HAT COUNTRY?  8. MARR WIDOW	TIED NEVER MARRIED	The Paris of the P	
10	Cheve		LIF NOT IN SUCH FAC	PITAL, NURSING HOME, OR OTH CRUTY, GIVE STREET ADDRESS) George Hospital	HER INSTITUTION	20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	
	STATE Md			VERESIDENCE BEFORE ADMISSION)  RETURN OR TOWN  RAINIER	13d INSIDE CITY LIMITS? 1	3. SIREET ADDRESS 4003 30th Street	
14.	FATHER'S NAM	Earl Col	lins Sr	LAST	15. MOTHER'S MAIDEN	Quarles	LAST
160	WAS DECEAS (YES, NO, OR UNKN		ARMED FORCES?  GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 219 54 5290	James L Sh	rewsbury Mt. Rai	nier, Md.
	Conditi gove couse (	ons, if ony, wherise to immedia	orate Cause (a) Pulli  XXXXXXX  ich  pte XX fo			e vein thrombosis	BETWEEN ONSET AT
7	- 1		(c)	DUT NOT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART	1 0.	
TIBICATION	PART 2 DTHER	SIGNIFICANT CONDITION  OF OPERATION	Intra Intra stress	NON FOR WHICH OPERATION W actable menorr s incontinence	vasperformed? hagia post	tubal ligation	20. AUTOPSY? YES 🏝
MEDICAL CEDITIFICATION	PART 2 DTHER  190. DATE O  6/13  210. EXTERN UNDERLYIN CONTRIBUT 216. INJURY	SIGNIFICANT (DINDITII	19b CONDIT Thtrastress 21b Time OF HOUR A.M DF DEATH P.M. 21e. PLACE C	TION FOR WHICH OPERATION WAS TABLE TO THE STATE OF THE ST	vasperformed? hagia post	tubal ligation	YES 🏖
ALEBICAL CEPTIFICATION	PART 2 DTHER  190. DATE CO 6/13 210. EXTERN UNDERLYIN CONTRIBUT 210. INJURY WHILE AT WORK 270. I cer death resu	SIGNIFICANT (DNDITII  DF OPERATION  3/79  NAL CAUSE WAS  IG OR  TING CAUSE (  OCCURRED  NOT WHILE  AT WORK  Tiffy that I took ch	19b CONDIT Thtrastress 21b Time OF HOUR A.M DF DEATH P.M. 21e. PLACE C	TION FOR WHICH OPERATION WAS CEASED TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	VAS PERFORMED? hagia post OW INJURY OCCURRED DCATION STREET	tubal ligation	YES TO OUNTY
2	PART 2 DTHER  190. DATE C 6/13 210. EXTERN UNDERLYIN CONTRIBU 21d. INJURY WHILE AT WORK 220. I cer death resu ACTUAL SIGNATURI (TYPE OR PR	SIGNIFICANT (DINDITII  OF OPERATION  3/79  NAL CAUSE WAS  G OR  TING CAUSE (COCCURRED  NOT WHILE  AT WORK  Tiffy that I took ch	IPB CONDIT Intra Stress 21b TIME OF HOUR A.M. DF DEATH P.M. 21e. PLACE C STREET, FACT  arge of the remains descripted causes \$\overline{K}\$,  Hormez R.	TION FOR WHICH OPERATION WAS TABLE TO THE STREET OF THE ST	VAS PERFORMED? hagia post OW INJURY OCCURRED  DOCATION STREET  A Inspection Homicide J. Homicide ASSISTANT  ADDRESS 111 I	tubal ligation  (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P.  CITY OR TOWN CO.  Inquiry, ond in my o.  Undetermined monner,	YES TO OUNTY  OUNTY  Depinion  6/24/

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STATE OF MARYLAND

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Suitland, Md.

Rd.,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

FOR

(VR A 15 (4))

Funeral Home

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/ 1.		OR		D	EPARTMENT		MARYLAND I AND MEN		IENE	g pm	. ,	63 Em	
		TATE EGISTRAR		MED	ICAL EXA	AINER'S	CERTIFICA	ATE OF D	EATH	REG. NO	3 0	4 3	
			ubre	y Boy	MIDDLE	TM17	LAST -		OF	KNOWN ESTI-	MONTH G-2	8 19 74	2b. HOUF
/	SEX	Tale W	hite.	DEG G	13 65	(IN YEARS IF UT		UNDER 24 H	IRS. 2c. DATE PRONOUI DEAL	NCED .	-2 8	19 79	26, HOS
79	TE	THPLACE (STATE OR GON COUNTRY)		U.S.A	1	WIDOV		DIVORCED	i Bri	nce Jo	Leng	27	MC
90	La	ORTOWN OF DEA			shland	Dr.	ier institutio	)N  120.	FOR MOST OF WOR	PATION (TYPE		OR INDUSTI	RY
US 13g	Ma	RESIDENCE (IF IN NUI ATE LTYland	13b. COUNTY	• CO •	13c. CITY OR TOY	ΜN	13d. INSIDE CITY L	LIMITS? 13e	15709"	X Xshla	and D	r.	-1
0		HER'S NAME Ruscoe		WIGGLE	Smith			ttie	AME	AIDDLE	3	Agee	
160	(YES	AS DECEASED EVER	IN U.S. ARME	ED FORCES?	411-42		Jess:		Smith	ADDRESS 1 Sa	ame a	s#13	
		18. CAUSE OF DEAT PART I DEATH W	AS CAUSED I	CAUSE (a) My	ar (a), (b), and (c Condian AS A CONSEQUE	VCI OF	elien		red to to			APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
		Canditians, if a gave rise to cause (a) stating lying cause last.	immediate	(b) Le DUE TO, OR A	S A CONSEQUE		weth	h aba	lom mej	ante	e da	cres gre	off
2		PART 2 OTHER SIGNIFICAN	CONDITIONS CO	NTRIBUTING TO DEATH BU	IT NOT RELATED TO TH	E TERMINAL DISEAS	E OR CONDITION GIV	IVEN IN PART 1 (a	1).				
Septial Carlo	IFICALI	190. DATE OF OPERA	TION	19b. CONDITI	ON FOR WHICH	OPERATION W	AS PERFORME	D?	**		10	20 AUTOPSY?	? NO 🗆
		ZIG EXTERNAL CAUS UNDERLYING (CONTRIBUTING (	OR		MONTH DAY	YEAR 21c. H	OW INJURY OC	CCURRED (ET	NTER NATURE OF IN	JURY IN ITEM 18 P	PART 1 OR PART	2)	
MEDICAL	WED	NII. INJURY OCCURF WHILE DOT AT WORK AT W			FINJURY (AT HO PRY, FARM, ETC.)		CATION		CITY OR TO	WN	COUN	đγ	STATE
		22e. I certify that I		of the remains described	ribed abave, held	an Autap	sy , In	nspection [	Inquiry		d in my apin	ion	
		ACTUAL SIGNATURE	lynis	4 14	Podepes	3/ "	TITLE (SPEC	CIFY)	MEDICAL EXAM		DATE SIGNED	6-28	-79
230	(	EXAMINER'S NAME TYPE OR PRINT)	Augu		odriguez		ADDRESS			.,Camp		ngs,Md.	,
	(SPE	Burial Burial		7/2/79	Arlin	gton N	R CREMATORY Jationa	al Ca				lingto	n, Va
		PERAL DIRECTOR LAUF 01 Sandy	REL FU	NERATESSH	IOME . I	NC.	20810	UN 29	1979	AR 25h a GIS	RAKS	URE	

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nding physicion and corbanpopers. Pages

injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

DHMH - 16 50M 7/77 (VR A 15 (4))

must be notified at once.

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGUNE

5

		REGISTRAR				CERTII	FICATE OF DEATH	REG. N	0.		y"	
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b. HOU	IR
	( I YPE	OR PRINT)	Nancy		R.	Somer	ville	Tyr	ne 15	1979	b.00	M
п	3 SEX			4 RACE		5 DATE	OF BIRTH	6. AGE   IN YEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER	24 HRS
ы		F		1	31k	Nov		66	YRS.	MONTHS DAYS	HOURS	MIN.
	7a. BII	RTHPLACE ISTA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	2 8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
10	37	ountry) rth Car	olina	US	A	WIDOW		Prince Geo	orge's			MD.
		ITY OR TOWN C		11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINE	SSOR
3	Ri	verdale		_	CH FACILITY, GIVE STREE		al Hospital	House Wife		EJ INDUSTRY		
	USUA		(IF NURSING HOM	OR OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	1136 INSIDE CITY LIMITS?	13e. STREET ADDRESS				
5	134: 3	Md.	13b CC	_	13c CITY OR TOV	WN	YES X NO	5902 31st	Ave.			
	14 FA	THER'S NAME					15 MOTHER'S MAIDEN NA		- 15			
00		Henr	y Robin	nson	LAST		Ida Palme	er MIDDLE			AST	
1				ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		200	1000
	(1	YES, NO OR UNKNOW NO	WM) (IF TES, I	GIVE WAR OR DATES)	Not Stat	ed	Brownie Some	rville 5902	31st.	Ave.		
п		18 CAUSE OF	DEATH (Enter	only one couse pe	r line for (a), (b), a	nd (c)				APPRO' BETWEEN	XIMATE INTER	RVAL DEATH
		PART I. DE	ATH WAS CAU	ISED BY:	Ventrien	les and	hylhmin		E4.15	mi	nutes	
Н		414	1		R AS A CONSEQU	JENCE OF						
			f any, which	( (b)_	Atherica	leste.	Lyperteneric Le	ent duese		oyec	10	
			o immediate stating the	DUE TO, O	R AS A CONSEQU	JENCE OF						
		underlying	cause last.	(c)								
	-	PART 2. OTHE	0 1		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER		DITION GIV	EN IN PART I	(a)	157
	CERTIFICATION	Manu		COPPE MI	infarction	, hyp	erlinin diebt					
	ICA	19a DATE OF C	OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		S, WERE FIND FYING CAUSE		
1	RTIF							YES NO	YE		NO [	
7		210, ACCIDENT V	WAS UNDERLYING	110110 4	of injury .m. month [	DAY YEAR	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18, P	'ART 1 OR PART 2)		
	CAL	(IF EITHER, NOTIF	Y MEDICAL EXAMIN	IER) P	.M.	19						
	MEDICAL	21d INJURY O	NOT WHILE		OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	S'	TATE
		AT WORK	AT WORK			4.5	1:3	1118		26		
				spital) ottended ti	ne deceased from	Con Con I	and that in (my) (such apinion	double covered or the	lete and have	19_/57	., that (i) (	,
	34	abave, (1)		nom view the body		. 0		death accurred on the c	ate and hou			
		226. SIGNATU	RE A 11			100	DEGREE ATTENDING	MEDICAL _ STA	FF	ZZC. DAI	E SIGNED	9
_		201 51111010101	Dyno	ystemen		-	PHYSICIAN 22e. ADDRESS	DIRECTOR   PHYSI	CIAN	1 0/	13/1	1
1		22d. PHYSICIAI		U		*						
				hnson, M			4404 Queensh	ury Road, B	iverd:	ale, Mc		
	23a. B	BURIAL, CREMA	TION, REMOV				CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	ST	ATE
	20.5	Buri	<b>A</b> L	June 1	9, 1979	Oke (	Grove Cem	Little		PAR SURSINA	· C.	for .
	24 FL	UNERAL DIRECT	tson F	. н. 3435	14threst	. N.	W. 25a. DA	CLEL 2 JAM	230. 197018 (	AN AMONY	. die	/
											-	

OSOCIETY, VANDERSON DESCRIPTION

## DEPA

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEVE CERTIFICATE OF DEATH

15627

		REGISTRAR				Caltin	CAIL OI DENIII	REG. NO.		
		CEASED NAME	FIRST	,	AIDOLE		ASI	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	IRENE	M.		SPEAKES		06-26-7	9	2:49AM
	3 SEX	<		RACE	24776	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
		Female		White		12-	16-1896 YEAR		MONTHS DAYS	HOURS MIN
		RTHPLACE ISTATE OR FO	REIGN	' CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
3		Va.	11/1	U.S.A.		WIDOWE	D DIVORCED	PRINCE (		MD.
	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NU		OR OTHER INSTITUTION	12a. USUAL OCCUPATION		OF BUSINESS OR
74		CHEVERLY	4	PRINC	E GEORG	GES GENE	RAL HOSPITAL	Housewife	-	
	13a. S	AL RESIDENCE (IF NURSI	13b. COUN		13c. CITY OR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
55	170	Md.	Pr.G			inier	YES NO		h Street	
	14. F.A	THER'S NAME					15 MOTHER'S MAIDEN NA	ME		
100		Thomas	M	IDDLE	Mock		Lena	WIDOLE	The same of the sa	AST T
uru	14 14	VAS DECEASED EVER		ED FORCESS		SECURITY NO	17 INFORMANT	ADDRESS	Cackre	
1	160 V	(ES NO OR UNKNOWN)		WAR OR DATES)	100 SOCIAL	SECURIT NO.			305-55th	
		NO		-	577-0	3 - 7538	Alfred W.	Speakes B.	ladensbu	
-16		18. CAUSE OF DEATE			line for (o), (b	ond ich	(Son)		BETWEEN	NIMATE INTERVAL
		PART I. DEATH W				Card	's-legger de	In ares		
		11111	IMMEDIATE	CAUSE (B)		Curar	o como	1		
		4141		DUE TO. OI	R AS A CONS	EQUENCE OF	nun all	MITE	1991	
		Conditions, if any,		(b)			cito, acs	14/2		
		couse (a), statin	g the	DUE TO, OI	R AS A CONS	EQUENCE OF	tell Ventr	i culer an	laster	
	1	underlying couse	lost	(c)			1,		7-	
4		PART 2. OTHER SIGN	IFICANT C	onditions <u>co</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1	(0)
	ō									Sp. N. Assets
	CAT	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED		IF YES, WERE FIND	
9	CERTIFICATION							YES NO	YES [	NO [
0	E	210. ACCIDENT WAS UND	ERLYING	216 TIME O		177.6	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	M 18, PART 1 OR PART 2)	DIC A TI
Z	-	OR CONTRIBUTING			M. MONTH					
	SC.	(IF EITHER, NOTIFY MEDICA		P. PLACE		19	21f. LOCATION			
	MEDICAL					FICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
73		AT WORK AT WO	RK L							Or Park
	349	22s.   certify that (1)	(this hospite	ol) ottended the	e deceosed fr	om	17 . 19 79	7 to 6 - 66		, that (I) (we) lost
9.	1	sow the decease	d olive on	yiew the hady		19, 01	nd that in (my) (our) opinion	death occurred on the date or	d hour and from the	e couses stated
		22b. SIGNATURE	ad   July 1101	A A	// decini.	1	DEGREE		22c. DAT	ESIGNED
		14-6	1.	110	lai	~ .1	ATTENDING PHYSICIAN D	MEDICAL STAFF	6.	26.79
	1	22d PHYSICIAN'S NA	ME (TYPE OR	PRINT)	1.		22e ADDRESS	,	/	
1		14.	A.	M	0/0	VI	Goos Lanc	doverkd	Chevel	1x Md
_	22 0	WOLAL COST AVIOL	//	Ton DAYS		12. NAME OF C		23d LOCATION		
	23a E	BURIAL, CREMATION,	KEMOVAL	23b. DATE	20		EMETERY OR CREMATORY	CITY OR TOWN	Pr. Geo	Md.
		Runi ol		6-29-	79	Ft. Li:	ncoln Cem.	Brentwood	TI . GEO	· LICE

BP\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumotic event, the medical examiner must be notified at ance TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 much the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Burial 6-2
A FUNERAL DIRECTOR
NAME
Nalley's F.H.Inc.

Mt. Rainier, Md.

25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

history Mc Credy

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Kasik Latin Kasik		June 1			
		- F. S. S. S. S. S.	STATE OF		

FOR 1 - STATE REGISTRAR		DEPARTMENT OF HEAL DICAL EXAMINER'S		HYGIENE DE DEATH	5.628
1. DECEASED NAME (TYPE OR PRINT)  3. SEX 4. P.		SPENS	LAST	20. DATE KNOWN OF ESTI- DEATH MATED	- 11- 20
3. SEX 4. P. J. J. BIRTHPLACE (STATE OF FOREIGN COUNTRY) Virginia	Slack 3 - 39		UNDER 1 YR. IF UNDE		June DAY YEAR 19 19 19 19 19 19 19 19 19 19 19 19 19
70. BIRTHPLACE (STATE OF	7b. CITIZEN OF W	HAT COUNTRY? 8. MA	RRIED NEVER MARI	RIED 9. BALTIMORE CIT	Y OF COUNTY OF DEATH
Virginia	United S		OWED DIVOR		(reages MD
IB CITY OR TOWN OF DI		SPITAL, NURSING HOME, OR C ICILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	FOR MOST OF WORKING LIFE)	(TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
heverly	Prince (	George General	Hospital	Teacher	Schools
Maryland	Prince George	13c. CITY OR TOWN  Bist. Heights	B YES NO C	13e. STREET ADDRESS 2010 Tiber D	rive
14. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAID	EN NAME MIDDLE	LAST
Hubert		Spencer	Curley	\	Poindexter
(YES, NO, OR UNKNOWN)	ER IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO.	T7. INFORMANT	ADDR	Dist
yes	1957-1959	223 36 1027	Lois Spen	ncer-wife-2010	Tiber Drive, HtsMd
	CANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN P	ART 1 (a).	
To DATE OF OPE	RATION 196. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?	GIBLOSE	20. AUTOPSY?
FILE				*,	YES NO
V	OR HOUR A.M	MONTH DAY YEAR	. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEA	A 18 PART 1 OR PART 2)
		OF INJURY (AT HOME. 21f. TORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ot I took charge of the remains des	Accident , Suicide	topsy , Inspection, Homicide ,	Undetermined monner	ond in my opinion
deoth resulted fro	ugua P. Fr.	deque	M. of July	MEDICAL EXAMINER	DATE 5-15-79
EXAMINER'S NAM	14000311 P. 100		MOLE July	Ray bon Co	DATE 6-15-19 MATE 6-15-19
ACTUAL SIGNATURE	14000311 P. 100	drquez 230. NAME OF CEMETERY Ft. Lincoln	ADDRESS 500	Ray bean Co	Mart Cany Sprags Mounty to 3 Me  P.G. Maryland

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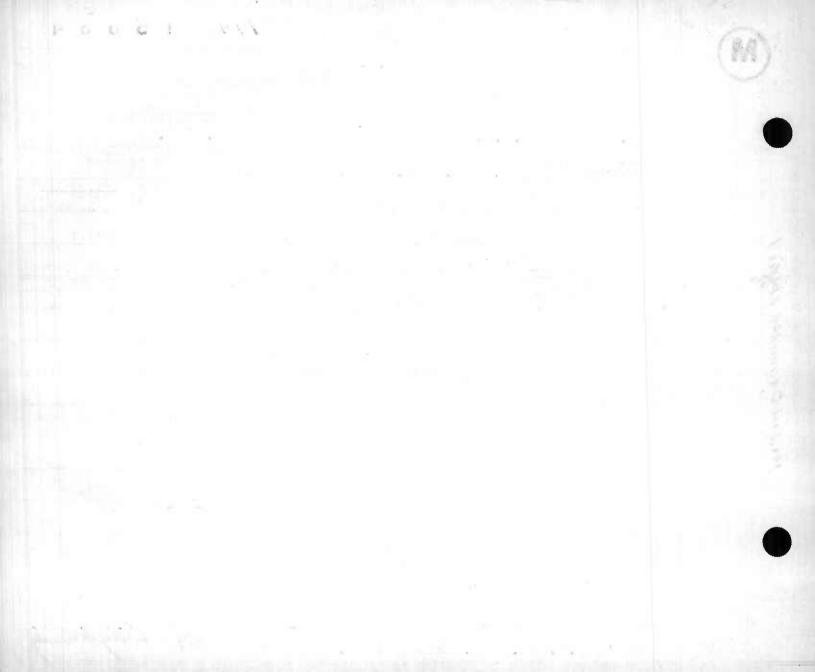


	1	FOR - STATE	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GJENE 9   5	631
0		REGISTRAR  DECEASED NAME FIRST TYPE OR PRINT) He1	en Marie SUBE	LAST	reg. No.  20. DATE OF DEATH MONTH  June 28, 19	DAY YEAR   2b HOUR   10:20p
(1/4)	3	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
oth Page 72 hours 72 hours	71	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	White 76 CITIZEN OF WHAT COUNTRY? U.S.A.	July 15, 1907  MARRIED   NEVER MARRIED   MONORCED	9 BALTIMORE CITY OR COUNTY Prince George	
offer deciyy the fundled within		Indiana CITY OR TOWN OF DEATH Lanham	11. NAME OF HOSPITAL, NURSING DOCCOOLS TACHOSP STREET OF	HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	12b. KIND OF BUSINESS OF INDUSTRY  Bell Teleph
24 hours filled in b ould be fi	1	SUAL RESIDENCE (IF NURSING HOME) 136 CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A DUNTY 13c. CITY OR TOWN		13e STREET ADDRESS 12421 Madeley	
ed within inpletely ond 2 sho	14 20	FATHER'S NAME FIRST  Otto	MIDDLE LAST Sube	15. MOTHER'S MAIDEN NA	AME	Petersen
ond con Poges 1 o	1 1	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIAL SECUR GIVE WAR OR DATES)		ADDRESS	The state of the s
equires that the death cert signed by the ottending Then please remove carbon to buriol, cremotion, or res injury, or other troumatic e		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  AT CONDITIONS CONTRIBUTING TO DI  TOWA'S  CORE	NCE OF The B	LADOTA	3 - 4 763 VEN IN PART 1(0)
on. hos beer t permit. ene prior	2	AS LAD -	19b. CONDITION FOR WHICH C	DPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
YSICIAN: T ding physici s certificate buriol-transi Mental Hygi	7	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# ETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF	DEATH HOUR A.M. MONTH DAY	Y YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, I	
VDING PH or often S: After th use os the eoith and s morked o		22a f certify that (T) (this ha	(AT HOME, STREET, FACTORY, OFFICE, FA	MAY 28 19 79		COUNTY STATE  19 29. that (1) (we) loss
AL OR ATTER the hospito AL DIRECTOR detached for ote Dept. of H		226. SIGNATURE Charl	on There 28 19 1 not) view the body ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c DATE SIGNED
TO HOSPITA etoined by TO FUNERA should be de with the Stot	1	Chanles	F. Coldo MA		TIERA ST MAR	con Hytz
# BP	2	Ro. BURIAL CREMATION, REMOV (SPECIFY)  Cremation		ame of cemetery or crematory	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	2	I. FUNERAL DIRECTOR	ADDRESS	250. DA	TE REC'D. BY REGISTIONS. RECT	Litting Monthered

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A THE MANAGEMENT AND A STREET A THIS TO LONG TO THE STATE OF TH WAYLAND PRI. GEP GREENGELT X - -107 LANTSIDE DRIVE TOWN T. RIDONER AGNES HOTE ST9-46-0179 SENSY C. SITTY TH. SAME AS 18 MESHAND 22/50 EARLIEL STR. CLOSE TELV PROSTSIED MARKLAND 

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**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME a. DATE KNOWN (TYPE OR PRINT) OF ESTI-Elmen 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE LAST BIRTHDAY PRONOUNCED DEAD 7a. BIRTHPLACE (STATE OR 9, BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Pennsylvania U.S.A. WIDOWED [ DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)
Prince George's General Hosp. Carpenter -Construction Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS Brook Lane Prince George Oxon Hill 13d. INSIDECITY LIMITS? Maryland YES A NO [] 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE OF VIT Connolly Adda Tice George 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT T305 Waterford Lane (IF YES, GIVE WAR OR DATES) (YES, NO, OR UNKNOWN) 579-09-5256 Norman G. Tice WWII District Hgts., Md. Yes CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Frederotio Conder Wiseubon de store with IMMEDIATE CAUS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK WHILE COUNTY 22a. I certify that I took charge of the remains described above, held an DIRECTOR: Autopsy ond in my opinion deoth resulted from: Hamicide Undetermined manner EXECU.
PAGE 4 SHUTO FUNERAL D DRIGUEZ 230 BURIAL, CREMATION, REMOVAL 236 DATE 6/6/79 Maryland Veterans Cem. Cheltenham Burial 6160 Oxon Hill Rd. 250. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** George P. Kalas Funeral Home Oxon Hill, Md. (VR A15 ME (5)) 15M 7/77

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnant associated by detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 figure with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1-	FOR STATE REGISTRAI
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGITHE CO

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NO.			100	

1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	0 0	
	ECEASED NAME	FIRST	^	MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
		DWARD			TI	MMINS	JUNE	9	1979	6:58 1
3 SE	EX	4.	RACE	11.00	5. DATE C		6 AGE   IN YEARS LAST BIRT		F UNDER I YEAR	
MZ	ALE	V	VHITE		JANU	ARY 20 1927	52	YRS.	DAYS DAYS	HOURS MI
	BIRTHPLACE (STATE OR FOR	EIGN 76	CITIZEN OF	WHAT COUNTRY?	8	CV. III. III. III.	9 BALTIMORE CITY O		OF DEATH	
fine and the	NNSYLVANIA		U.S.	Α.	WIDOWE	D X NEVER MARRIED DIVORCED	PRINCE GEO	ADCES (	VIIIMIV	
10 C	ITY OR TOWN OF DEAT	Н 11	. NAME OF	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON		Retire
AI	NDREWS AIR			H FACILITY, GIVE STREET A		DECLE CENTRED	USAF	F WORKING LIFE)		
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4	STATE	36 COUNTY	PRINCE	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	RYLAND (	GEORGE	ES	ERTENIDIA	Υ	YES NO X	1 10012 MIKI	E RD.		
14.77	FIRST	MID	DLE	LAST		15. MOTHER'S MAIDEN NA	* MIDDLE	1	LA	ST
_	ADOLPH			TIMMINS		LADISLAVA			MIEDZ	ZIUS
	WAS DECEASED EVER IN	U.S. ARME (IF YES, GIVE W.		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS		
	YES	1945-1	1964	207-14-09	918	MICHAEL R.	(SON) 433 PL	AINVIEV	L. EDGE	WATER
	18 CAUSE OF DEATH PART I. DEATH WA	(Enter only	one couse per	line for (a), (b), and	d (c).				BETWEEN	CIMATE INTERVAL ONSET AND DEA
CERTIFICATION	gave rise to imme couse (o), stating underlying couse  PART 2 OTHER SIGNI  19a DATE OF OPERATION	the lost	(c) NDITIONS <u>CC</u>		DE ATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YES,	WERE FINDI	
E							YES NO	YES		NO 🗌
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJUS	RY IN ITEM 18, PAR	T 1 OR PART 2]	
MEDICAL	21d. IN JURY OCCURRE  WHILE AT WORK  AT WORK	Ε 🗇	21e. PLACE ( 1 AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.]	21f LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	22s.1 certify that (1) (t	this hospital	) ottended the	e deceased from	9 3	IVN 19 77		IVN 1	9_79.	that (I) (we)
100	sow the deceased above, (1) (we) (did	d) (did not)	iew the bady	ofter death	, 01	nd that in (my) (our) opinion	death occurred on the de	ote and hour	and from the	couses stated
184	226. SIGNATURE	lf	1 11	Les	_	DEGREE ATTENDING PHYSICIAN D	MEDICAL STAI	FF CIAN (	22c. DATE	SIGNED
	22d. PHYSICIAN'S NAM	ME (TYPE OR PE	RINT)			Ing apprece	LM GROW USAL		TAT CIE	Vimero
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22				T, USAF,		ANDREWS AIR		MARYLA	MD 20	331
230	BURIAL, CREMATION R	MOVAL	236. DATE 6-13-			emetery or crematory gton, National	23d LOCATION CITY OF TOWN Fort Me:	yer A	OUNTY clingte	on Wa
745	PROPERTY OF THE PROPERTY OF TH	7//	17				EREC'D BY REGISTRAR			

TO HOSPITAL OR ATTENDING PHYSICIAN: The ceroined by the hospital or ottending physician.

DHMH - 16 50M 7/77 (VR A 15 (4))

THE CASE OF STATE OF

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(VR A15 (4))

1 6 6 6 1 Howard Gingett June 25, 1979 11:3 15 Oct. 2, 155 73 . I to the first to the standard of the standa \$77-12-5318 TW1 F-8 .. Magg 85-16., S-3168 M. H. attage - the same all actions of the same and attaged attaged to June 25 Super State of the Stat 61 1 5/2//3 milibran. comment (Jiela) 23.

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DE	APTMENT	OF H	FAITH	AND	MENT	AL I

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME LAST 2a. DATE OF DEATH 2b. HOUR LTYPE OR PRINTS TOWNSHEND Katharine Margaret 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY! IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR MONTHS DAYS HOURS Female White April 2, 1902 TO BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGES Maryland USA WIDOWED DIVORCED KI ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h KIND OF BUSINESS OR PRINCE GEORGES GENERAL HOSPITAL TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY **CHEVERLY** Space Controller U.S. Treasury USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Prin. Georg. New Carrollton YES [X 5326 85th. Avenue Md. NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST EMST MIDDLE LAST Ernest Townshend Leary Margaret ADDRESS 146 SOCIAL SECURITY NO. In WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT IYES. NO OR UNKNOWN! LIF YES GIVE WAR OR DATES! No 577-60-3945 Martha L. Littleton, Towson, Md. 21204 APPROXIMATE INTERVAL IS CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Minutes IMMEDIATE CAUSE to Years Conditions, if ony, which gove rise to immediate 101, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NOW 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

MEDICAL NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on\_ 6-22and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

211 LOCATION

above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNE ATTENDING MEDICAL DIRECTOR PHYSICIAN

Oakland Cemetery

. 7475 AVENUE

23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE COUNTY I SPECIFY! CITY OR TOWN

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M

(VRA 15, 4) 7/7B

MPORTANT

Bradley A. Stewart

burial

214 INJURY OCCURRED

Oakland, Maryland

21e PLACE OF INJURY

6/26/79

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21550

Garrett,

YES [

COUNTY

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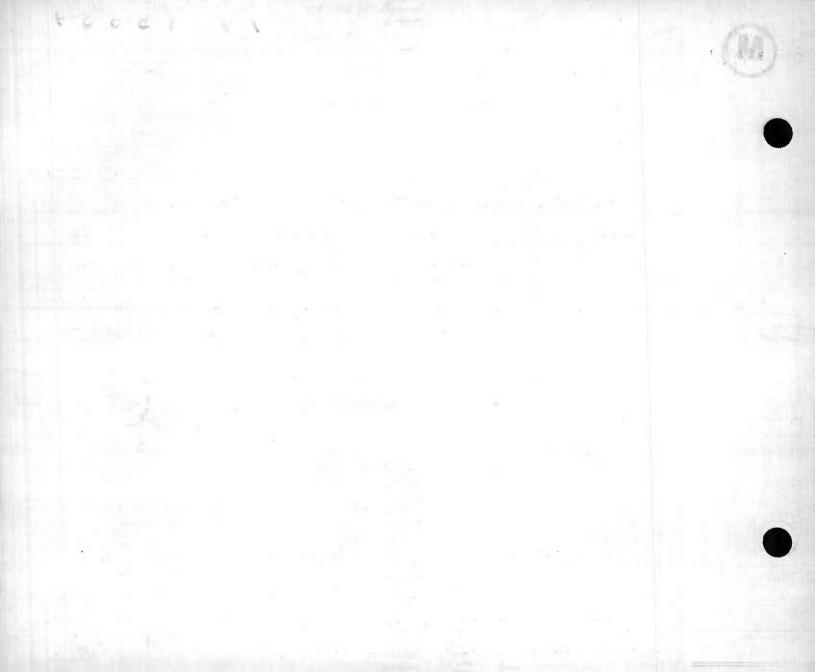
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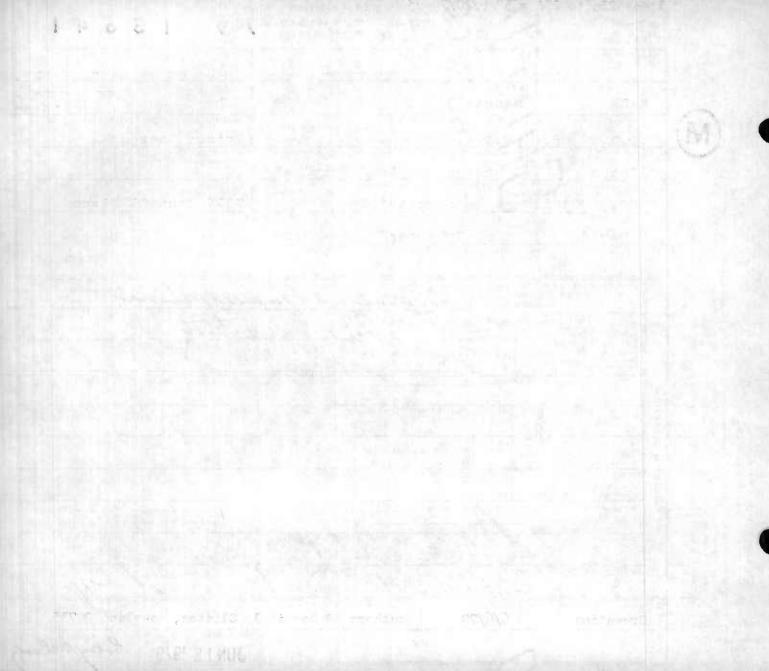


6		FOR STATE			DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 9	5 6	40
(M)		REGISTRAR DECEASED NAME (TYPE OR PRINT)	FIRST James	MIDDLE B.		AST	REG. N 20. DATE OF DEATH  June 20.	MONTH DAY	YEAR 2b, HOUR 3:40 A M
ctor, pag		. SEX Male		4 RACE White	. S DATE (	H DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UND	DER-I YEAR IF UNDER 24 HRS
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on. he low re on. to been to permit. tene prior	2	190 DATE OF O	PERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
DING PHYSICIAN: The or attending physician at After this certificate he eas the burial-transit alth and Mental Hygies marked or them 18 sharmarked or them 18 sharmarked ar them 18 sharwarked ar them	9	OR CONTRIBUTING (IF EITHER, NOTIFY 21d. INJURY OC	CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTO	ONTH DAY YEAR 19 RY	211 LOCATION STREET	RRED (ENTER NATURE OF INJL		ORPART 2)  DUNTY STATE
he haspital DIRECTOR: Oched for us Dept. of He If them 21 is		220.1 certify the saw the deabave. (1) (	we) (did) (did no	t) view the body alter dec		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _	from the couses stated  220 DATE SIGNED
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BP		30. BURIAL, CREMAT	ion, removal	23b. DATE 6-23-79		ncoln Cemeter	CITY OR TOWN	d P.	
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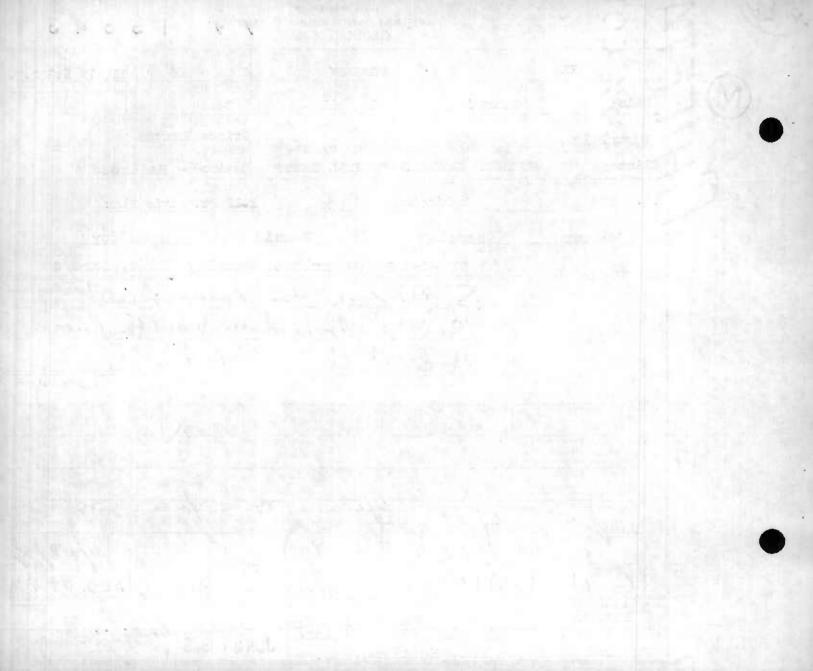
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O OF NA		BIRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED		
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BIVISION OF VITAL RECORDS, 301 W. PRESTON 51., BALTIMORE, MD. 2120 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AN RITING THE WORD "PENDING". IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND PROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RET	RIAL-TRANSIT PERM O MENTAL HYGIEN OR REMOVAL.	Z	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gove rise to immediate cause (a) stating the underlying couse lost.  PART 2 OF HER SIGNIFICANT (ONDITIONS CAUSE)	(b) DUE TO, OR A	S A CONSEQUENCE	OF		ARTI(a).	d olisa		APPROXIMATE I	AND DEATH
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DIVISIC THIS CERTI WARDED T	PAGE 3 SH TATE DEPA 1201 PRIOR	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF	FINJURY (AT HOME, RY, FARM, ETC.)	21f. LOC	CATION	CITY OR TO	OWN	COUNTY		STATE
MEDICAL EXAMINER: SCUTE THE CERTIFICATE, SF 4 SHOULD BE FORE	TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRI		ACTUAL SIGNATURE Deg	couses ,		Autops:	Homicide TITLE (SPECIFY) Deput 5009 Rayb	Undetermined m	nanner,	DATE SIGNED .M	5-23	- <i>79</i>
BP BB	TO F AFTEI BALTI	(5	URIAL, CREMATION, REMOVAL 23		23c NAME OF CE	METERY OF	CREMATORY	23d. LOCATION CITY OR TOWN	ington.	COUNTY	STA	
DHM	ME (5))	24. FU	Robert A. Pu	mphrexF	uneral H Bethesd	omes	P ASO. DATE	UN 2 7 197	AR 13b. REGICAL	ALS SIGN	zinia Cua	7
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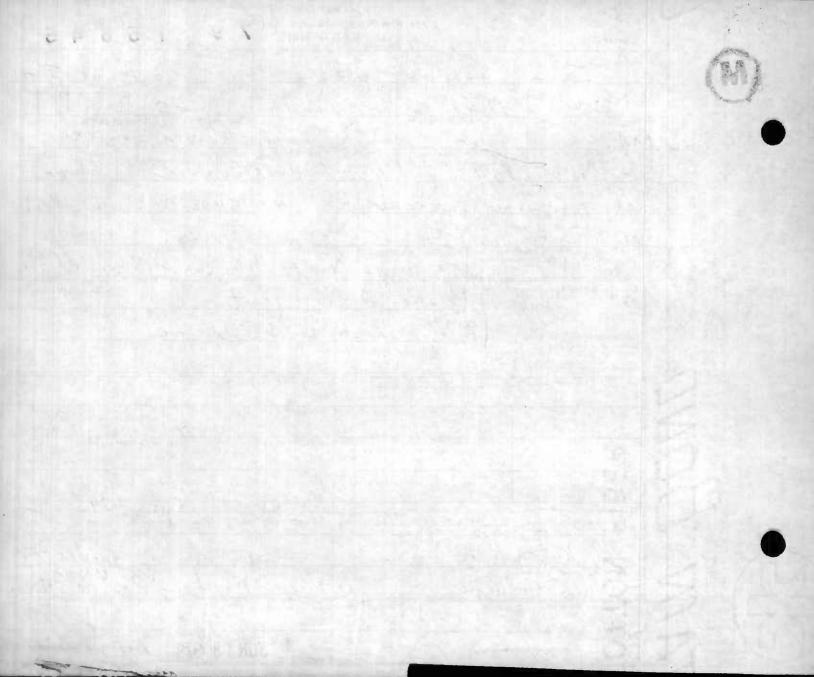
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 2n DATE OF DEATH MONTH 25 HOUR (TYPE OR PRINT) IRA C WAMSLEY 06 22 79 : 20A . MM 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER I YEAR YEAR Male 11 05 Caucasian Th CITIZEN OF WHAT COUNTRY? A BIRTHPLACE STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Prince Georges Virginia USA WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION I CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) SOUTHERN MARYLAND HOSPITAL CENTER Clinton Retired - Railroad USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS D.C. Washington 1619 Ft. Davis Place 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MICOLE FIRST Duffey Wamslev Fannie ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Above (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES) Charlotte Wamsley, Wife, Same as 719-01-2935 No 18 CAUSE OF DEATH Enter only one couse per tipe for to the ordice PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stating the DIVISION OF VITAL RECORDS, 201 W. underlying couse lost. 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS-HAFD 200 AUTOPSYS IN CERTIFYING CAUSES OF DEATH? YES NO F 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 0 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from saw the decapeed olive on \_\_\_\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated we did (did not) view the ody ofter death 22b. SIGNATUR DEGREE 22c. DATE SIGNED \* ATTENDING MEDICAL STAFF should be deto with the Stote IMPORTANT: II 224 PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial STATE COUNTY 6-25-79 Cedar hill Cem BP E Wilhelm 4308 Suitland 250 DATE REC 24 FUNERAL DIRECTOR RODT DHMH - 16 60M 1/75 (VR A 15 (4)) Funeral Home Rd., Suitland, Md



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR 20. DATE KNOWN (TYPE OR PRINT) OF DEATH MATED X .James Lerov Waters 13 19 79 4 RACE IF UNDER 1 YR S DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY 11.00 PRONOUNCED Male Black DEAD 55 YRS 14 19 79 9 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY) Prince George's County. U.S.A. WIDOWED DIVORCED Maryland II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS Upper Marlboro Farming 4800 Block of Moores Way USUAL RESIDENCE (JE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 13d INSIDE CITY LIMITS? 130. STREET ADDRESS Geo. Landover 3012 Bright Seat Rd. Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND William D. Ella F. Newman Waters OF 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO. ADDRESS LIEVES GIVE WAR OR DATES 218-12-7695 Mrs. Marie F. Waters SAA APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Mechanical Compression gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, ( OF NO T 210. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 13 10 79 Farm tractor overturned pinning driver CONTRIBUTING CAUSE OF DEATH FORWARDED

OR: PAGE 3 SH 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION 4800 STREET, FACTORY, FARM, ETC.) WHILE AT WORK street Moores Way, Upper Marlboro, Prince George's. AL DIRECTOR: 1 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Accident X Hamicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) 6/15/79 TO MEDICAL EXECUTE THE CIPAGE 4 SHOUL TO FUNERAL DIAFTER DEATH, VIPAGE, MARITIMORE, MA Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Resurrection Cemetery Clinton Burial RP 24. FUNERAL DIRECTOR DHMH - 17 Martell Adams Box 185 (VR A15 ME (5)) Aquasco, Md. 15M 7/76

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DAY IF UNDER I YEAR ONTHS DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH seorges 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY GORMAN AUE #201 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

COUNTY

STATE

NO IT

26 HOUR

HOURS

, that (1) (we) last

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22r. DATE SIGNED

TY. 600.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

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	Pog	ń	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	rol 72.4	Ouc	1	OUNTRY)	116 n	MARRIED NEV		DA	'd 00	910 ~	A 61.
	dec dec	ä	10 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NILL	RSING HOME OR OTHER I	DIVORCED	12a USUAL OCCUPA	TION	12b. KIND C	OF BOSINESS OR
	the dwg	Hite	10. C		HE NOT IN SUCH FACILITY, GIVES	TREET ADDRESS)	11011014	(TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	
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AND 21	filled in	must be	130	AL RESIDENCE (IF NURSING HOME OR STATE 13b, COUN	ITY 131 CITY OR T		NO [	130. STREET ADDRESS	AWTA	ORNI	ETERR.
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RECORDS	w re been mit. T	, v	CERTIFICATION	190 DATE OF OPERATION		TICH OPERATION WAS PE	RFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
	n. nos k	S S	J.F.					YES NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
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DIVISION OF VIT	phys phys l-fro	00		OR CONTRIBUTING CAUSE OF DEA	LUCUID A M MONITUL			(41)		,	
OZ	SIC	Hen	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19 21f. LOC	ATION		Y. CTIC		
Sio	PHY endi	dor	Me Me	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		REET	CITY OR TO	OWN	COUNTY	STATE
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	Spirto CTO for	21	1		t) view the body ofter death.	9_19, and that in (	my) (aur) opinion	death accurred on the	date and hour	ond from the	causes stated
	ho ho ho ho ho ho ho ho hed	Hem		22b. SIGNATURE		DEGREE				22c. DATE	SIGNED
	AL CAL Cleto	T. If			ollusur		PHYSICIAN E	MEDICAL ST	AFF ICIAN [	6-5-	-79
	SPIT VER.	Z Z		224 PHYSICIAN'S NAME (TYPE &	R PRINT)	22e ADD	RESS				
	HO FUI	OR		C. J. Hou	ımann, M.D.	4404	4 Queensh	oury Rd., R	iverdal	e. Md.	20840
	Or of Stay	₹	230	RUPLAL OPENATION PENOVAL		234 NAME OF CEMETERY					

FOR - STATE

REGISTRAR

DITION GIVEN IN PART I(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [ RY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 79 that (I) (we) lost and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated saw the deceased alive on\_ obove, (1) (we) (did) (did ppt) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN 6-5-79 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS C. J. Houmann, M.D. 4404 Queensbury Rd., Riverdale, Md. 20840 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY HAM 24 FUNERAL DIRECTOR TA REGISTRAR 256. REGISTRAR'S SIGNATURE I.I. ale nw. Wash

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE

CERTIFICATE OF DEATH

REG. NO

MONTH

2h HOUR

BP. DHMH-1650M7/77 (VR A 15 (4))

10.20 12.50 K 2-9-21 54 The state of the s THE CONTRACTOR SO FRIENDS IN THE STATE THE PROPERTY THE PARTY TO SEE THE P TELEPROPERTY WAS THE WASTELL WASTELL WASTELL PERSON WINDS STREET, DE GRANT A WEST FOR SOME AND A FEWER Englishment of the secret of t - 11- 79 ONEL 18 men & Release CHE - 16 1 HE BIG STON SO CARRELL STATE CONTRACTOR OF STATE OF ST

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the furnitial should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 73 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE

1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGJENE 9 1 5 6 4 8						
1. D	DECEASED NAME FIRST	MIDDLE LAST			20. DATE OF DEATH MONTH DAY YEAR 26 HOUR			
ITY	THERESA	M. WESTCAMP				0 3	3 79	12:300
3. S	SEX	CAUCASIAN S. DATE OF			6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
	FEMALE			3/ 99	79 YRS		MONTHS DAYS HOURS MIN	
	BIRTHPLACE ISTATE OR FOREIGN (COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	PPINCE GEARGES			
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWE NG HOME C		12a USUAL OCCUPAT	ION	12b KIND C	OF BUSINESS OF
75	CLINTON	SOUTHERN MID	HOSP	CENTER	(Type OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
13a	UAL RESIDENCE (IF NURSING HOME OF			138 INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS	BRANC	B. DR.	
14	Allen P. Ke	middle LAST		Annie	AND DUE	1	LAS	·ī
1 160	No None   16b SOCIAL SECURITY NO. 17 INFORMANT   Mechanics VIIIe, Marylar Westcamp Rt. 4 Box 4566						and 6A	
		nly one couse per line for (a), (b), an	nd ic			La de la constante de la const	BETWEEN	MATE INTERVAL ONSET AND DEATH
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	DUE TO, OR AS A CONSEQUENCE OF						4	
	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost					1	C8785	
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101							
CERTIFICATION	19ª DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		21c. HOW INJURY OCCUR	C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, F			
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY   AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a 1 certify that (I) (this hospital) attended the deceased from MAYCH, 19 65, to TONE 9, 19 79, that (I) (we) los sow the deceased alive on TONE 3, 19 79, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above. (I) (we) soled) (did not) view the body ofter death.							
	Wib. SIGNATURE	59 Filely	~ >	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	(FF CIAN []	221. DATE	SIGNED
1	220. PHYSICIAN'S NAME ITYPE O	RPRINT)		22e ADDRESS				
	BURIAL, CREMATION, REMOVAL	23b. DATE   23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION ery Clint	on P.	Goner Md.	STATE
24	FUNELA PER PRINCIPAL 6633 Old Ale	Home Inc.	Rd. C	Clinton, 25a. DAT	REC'D, BY REGISTRAL	25b. REGISTI	RAR'S SIGNAT	Credy

DHMH - 16 60M 1/75 (VR A 15 (4))

retained by the haspital or ottending physician

(10)

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212-170

Wilk St.

THE RELEASE OF THE PERSON OF T

Lugial (6/4/70 esureation Gameters Clinton P.C.) 4.

Lee Rusevel Home Inc.

S. WINSHINGTON & SONS 4925 BURROUGHS AVE. N.E.

STATE OF MARYLAND

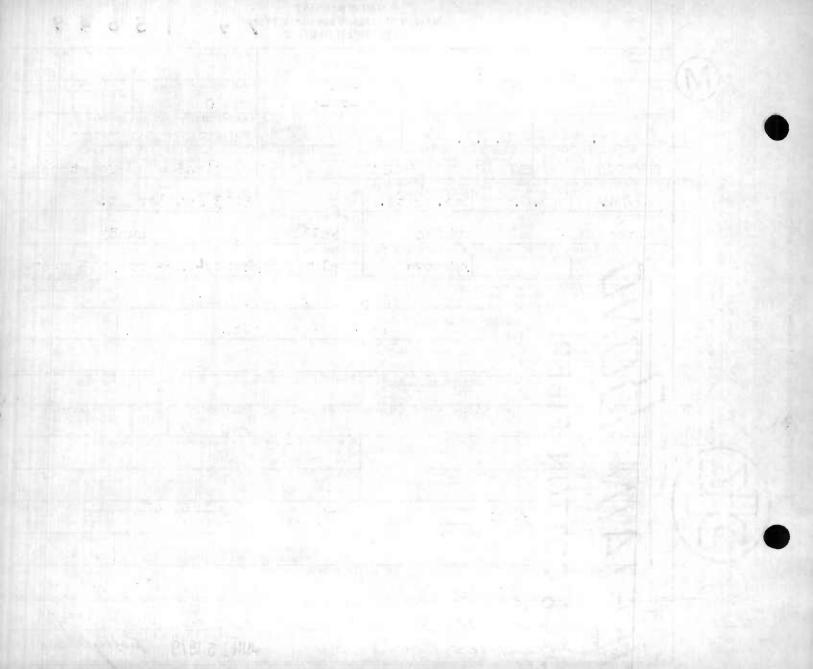
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15 (4))



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MPORTANT: If Item 21 is

230 BURIAL CREMATION, REMOVAL Burial

## STATE OF MARYLAND

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	1 - STATE REGISTRAR  CERTIFICATE OF DEATH REG. NO.								0 5	U
1		CEASED NAME FIRST OR PRINT)		MMI)	V	VIEBOLDT	6/2/79	MONTH D	DAY YEAR	3:05A M
	3. SE)	Female	4. RACE Whi		5. DATE C	y 15,1889 YEAR	6 AGE (IN YEARS LAST BIRT	YRS.	FUNDER LYEAR	IF UNDER 24 HRS HOURS MIN
7	CC	RTHPLACE ISTATE OR FOREIGN OUNTRY) Germany	USA	MHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	PRINCE GEORGES COUNTY			MD.
1	10 CI	TY OR TOWN OF DEATH		H FACILITY, GIVE STREET	ADDRESS)	PITAL	126. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewif	F WORKING LIFE		F BUSINESS OR
F	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUN Maryland Pr.		GIVE RESIDENCE BEFORE 134 CITY OR TOWN Hyattsv	N	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 5023 53	rd P1		
4	14. FA	THER'S NAME FIRST  H.	Ro	degerats		Johanna	AIDDLE .	Last 1	Name Un	known)
1		VAS DECEASED EVER IN U.S. AR (IES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? E WAR OR DATES)	115-24-9		Martha Wi	eboldt (dau		e as bl	k 13e
DUE TO, OR AS ACONSEQUENCE OF Underlying couse lost.  18 CAUSE OF DEATH   Enter only one couse per line for 101, (b), and (c)  PART I. DEATH WAS CAUSED BY  DUE TO, OR AS ACONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  Column To Republic Properties of the col								3 d	MATE INTERVAL ONSET AND DEATH LOSSET AND DEATH	
	CERTIFICATION	PART 2. OTHER SIGNIFICANT (				NOT RELATED TO THE TERMI	200 AUTOPSY?	AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN								NO STATE		
		22a I certify that (1) (this hospital) attended the deceased from 19 73 to 19 79, that (1) (we) lost sow the deceased allive on the deceased all								
1	0	T. M. Huto	lins			ne ADDRESS LAN	logger Sa	1	21788	

231. NAME OF CEMETERY OR CREMATORY

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR:

should be detoched far use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene prio

Francis Gasch's Sons, PA Hyattsville, Md.

Lutheran Cemetery

23d IOCATION
CITY OF TOWN

Middle Village Queens, N.

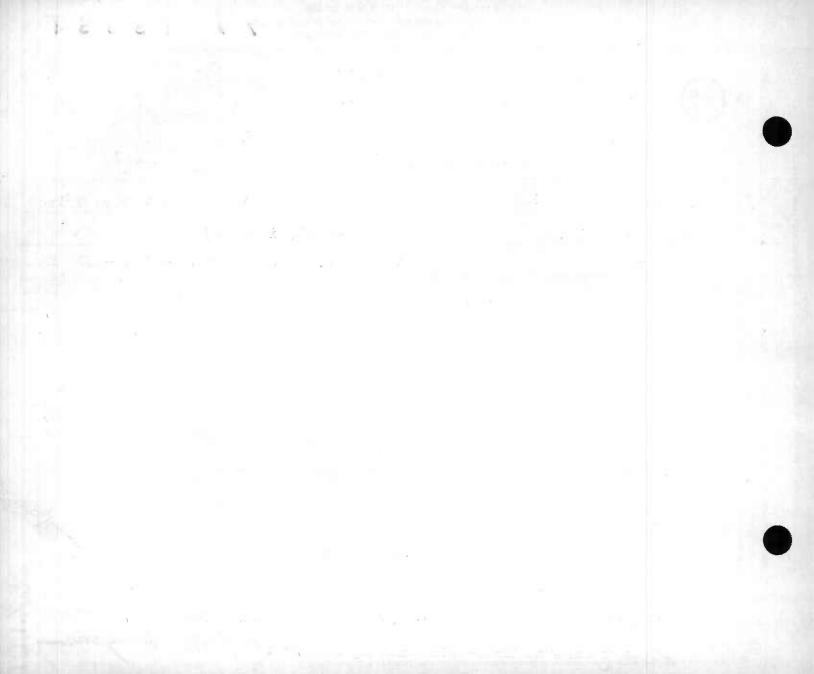
EC'D. BY REGISTRAR 256. REPUTITION 5.517

CCCCI & V MANAGEMENT Court WHERE EVERY ite .111,1 .1 els els verification (\*\*) x er any suc slivesuc street street arylan r. eo's yattsville x 5023 3rd lace . ouegerais colana colegerais 11 -21- 3 art a ie oltt (\_aa.) sa e as 1 13e 0/1

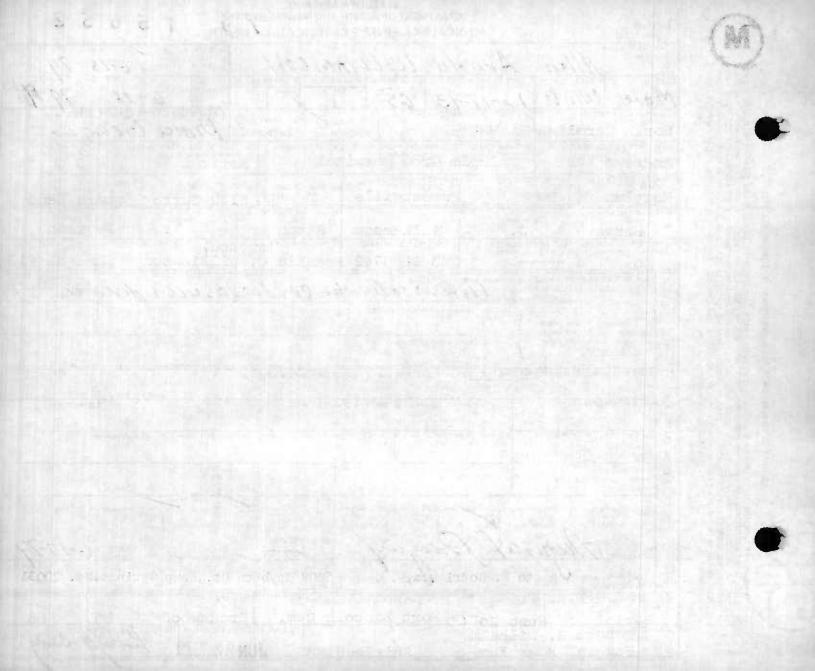
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Francis ascals fons, A yattaville, .. (A) 1979

	1 -	FOR STATE REGISTRAR	DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYGII ICATE OF DEATH	17	5 6	5
	1. DEC	CEASED NAME FIRST OR PRINT)	MIDDLE		THE PERSON NAMED IN	REG. NO. 20. DATE OF DEATH MONTO		26 HOUR 2 - 441 PM
0	3 SEX	JOSEPH	RACE	5. DATE C	LLIAMS DEBIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEA	
	3 32	Male	Black	MONTH 9	12° 1899	79	MONTHS DAY	
93	C	RTHPLACE (STATE OR FOREIGN )  SUNTRY)  /irginia	LITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D TO NEVER WARRIED	PRINCE GEORG		Υ ,
P 74	10 CI	TY OR TOWN OF DEATH	PPINCE CILGEOTES			THE REWORK FOLLOST OF WORLD	KING LIFE) 17b. KIND INDUSTR	OF BUSINESS C
must be	13a. S	RESIDENCE (IF NURSING HOME OR ) TATE 136 COUN	THER INSTITUTION, GIVE RESIDENCE BEFORE IY Landover Landover		134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1113 Capit	ol View	Drive
exominer		THER'S NAME FIRST Enry Williams	DOLE LAST		Pattie (i	E	100	LAST
the medical	16a V	VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SECU 190 03		Mrs. Floss	ADDRESS sie Branch-	niece-4	531 Kir
ior to burial, cremation, ar removal y injury, ar other traumatic event, thi	NOI	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR/AS/A CONSEQUE	lans		NAL DISEASE OR CONDITIO	N GIVEN IN PART	1(0)
w 8 0	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO NO	IF YES, WERE FINE CERTIFYING CAUSI YES	DINGS USED ES OF DEATH? NO [
hem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	216 HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN IT	EM 18, PART I OR PART 2)	)
ŏ	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	ZIE LOCATION STREET	CITY OF TOWN	COUNTY	STATE
ept of Health and Hem 21 is marked		220 I certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not 27b_SIGNATURE	oil) ottended the degeosed from	/	nd that in (my) (aur) opinion de	, toeath occurred on the date or		_, that (I) (we) lo he couses stated TE SIGNED
T: #		274 PHYSICIAN'S NAME (TYPE OR	of a-Car	sef	M PHYSICIAN D	MEDICAL STAFF	0	15/29
with the Sta		Henry h	Vyise 8	8	40	Inham for	2/	
_	(	URIAL CREMATION MOVAL SPECIFY) Burial		A L MOL		Park Lando		
20M ) 7/7B		tewart funer	al Home-4001	Benn:	ing Road, NE.	HIM I I IU/U	EGISTRAPE SIGN	Melseady

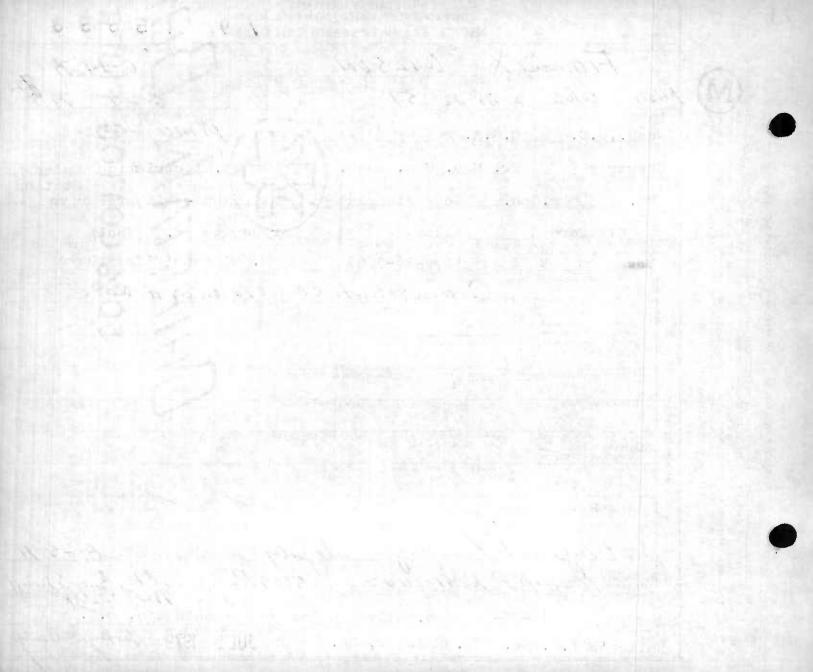


1/ - 1	1				MARYLAND			
The state of	11-	FOR STATE REGISTRAR			H AND MENTAL H	E DENTH	5 6	5 2
	1. DE	CEASED NAME FIRST PE OR PRINT)	Arnold	LUILLI	ANI SON	20. DATE KNOW OF ESTI- DEATH MATE	N MONTH D	24 YEAR 26 HOUR
SSARY, PEASARY, PEASA	3 SEX	ale White	5. DATE OF BIRTH MONTH DAY YEAR  1 )-17-13	65 YRS.	INDER 1 YR. IF UNDER	MIN. PRONOUNCED DEAD	6-16	79 95 M
MIN FOR	No	PRESENCE (STATE OR DESIGN COUNTRY)  Orth Carolina	USA	MARI	RIED NEVER MARR	IED U	e Gen	SF DEATH  SLOT MD.
AY IS THE AGE FILED	Ar	idrews AFB	II. NAME OF HOSPITAL, NU	row Hospi	HER INSTITUTION	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE RETIRED	(TYPE OF WORK 17b.	OR INDUSTRY S GOV 't
F ANY D AND 3 RETAIN HOULD RECORE	130. S Ma	aryland PG	Y 13c. CITY	or town estville	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 6142 Surr	ey Squa	re Lane
~ 4	-	ATHER'S NAME FIRST Harvey		lliamson	Sarah	A.		arson
"BALTIMORE, ME JURS AFTER DEATH 8. GIVE PAGES 1, WITH FORM PM IT. PAGES 1 AND 3, DIVISION OF VIIT.	16q. V	VAS DECEASED EVER IN U.S. ARM es, no, or unknown) (14 yes, give v NO ———	var or Dates) 243	26 0742		spouse) ADD C. Williams	on Sar	me as #13
T W. PRESTON ST ED WITHIN 24 HC PENCIL IN ITEM AMINER ALDING ILTRANSIT PERMI ALITRANSIT PERMI REMOVAL.		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a) stating the underlying cause lost.	(c)	ISEQUENCE OF		us vas euc	1 disea	BETWEEN ONSET AND DEATH
RECORD  JID BE EX PENDING F MEDIC ED AS A HEALTH A	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS C	196. CONDITION FOR			RT 1 a).	2	0. AUTOPSY?
PN OF VITA FICATE SHOTH WORD THE WORD OULD BE U. TO BURIAL		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216 TIME OF INJURY HOUR A.M. MONTH EATH P.M.	DAY YEAR	HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	YES NO
DIVISIC BIVISIC R. THIS CERTING R. WRITING R. WARDED 1 R. PAGE 3 SH STATE DEPA	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE AT WORK	21e PLACE OF INJURY STREET, FACTORY, FARM, E	(AT HOME. 21f LC	OCATION STREET	CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, FORDER A SHOUID BE FORY TO FUNERAL DIRECTOR, P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21:		ACTUAL SIGNATURE SIGNATURE SAMINER'S NAME VISITUES	Accident	ve, held an Autar	Homicide , TITLE (SPECIFY) Deputy 5009 Rayb	Undetermined manner	ond in my opinion  DATE SIGNED  Springs,1	6-17-79
~/ 10 ex.	23a. Bl	(TYPE OR PRINT)  URIAL, CREMATION, REMOVAL 23		NAME OF CEMETERY OF	_ADDRESSOR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. FU	INTERNAL DIRECTOR	Wilhelm	Suitlan	25a. DATE I	I Brentwood REC'D. BY REGISTRAR 256. UN 2. 2. 1979	REGISTRAR'S SIGN	NATURE Md
		1101			THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS	TOTAL TOTAL		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN Th HOUR (TYPE OR PRINT) OF ESTIuncla DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR S. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 28-28 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR/COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR MARRIED WEVER MARRIED FOREIGN COUNTRY WIDOWED [ DIVORCED U.S.A. Wash. D.C. ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION TYPE OF WORK KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Cheverly Geo. Gen. Hosp. Ret. Electrician Union USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Station 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 130. STATE Pr. Geo YES TE NO [ 6702 Md Seat Pleasant - Wilburn Drive 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Wilson Marguerite Clifford C. Tholl 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Same As LYES NO OR UNKNOWNS I (IF YES, GIVE WAR OR DATES) Betty M. Wilson (Wife 579-26-7765 Above WW Yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only ane couse per time for (g), (b), and (c).) Au Cordio Varenter de sea PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 AND PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, YES NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211, LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 21. 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion death resulted fram: Natural causes Accident Suicide Homicide \_\_\_\_ Undetermined manner SPECIFY, EXAMINER'S NAM (TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mt. Olivet Cemetery Washington, Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAD'S SIGNATULE DHMH-17 20M 1/73 74 FUNERAL DIRECTOR (VR A15 ME (5)) ADDRESS. Rainier, Md. Nallev's F.H.Inc.

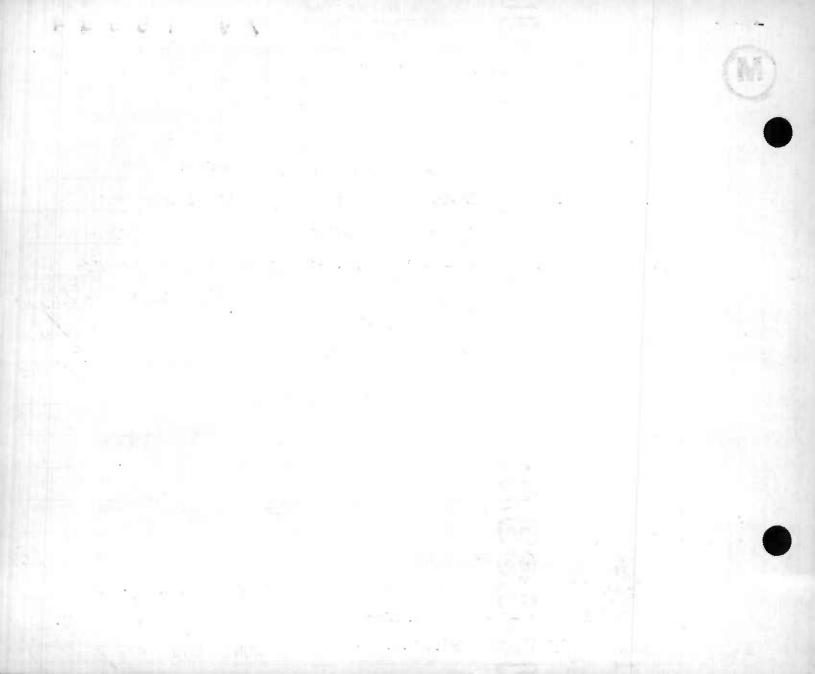
STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2b. HOUR 2a. DATE KNOWN | (TYPE OR PRINT) OF ESTI-WOODWARD TVEY 61 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS DATE PRONOUNCED -15-76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE MARRIED A NEVER MARRIED VIRGINIA U.S.A. WIDOWED DIVORCED OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS CLERK COUNTY 813 Thereday Stice 13d. INSIDE CITY LIMITS? NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE AND CLARENCE WOODWARD JULIA TUFY 9 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO DAUGHTER ADDREST 0405 HUNTER DRIVE MARCELLINO ELIZABETH OAKTON. 579-18-3682 CAUSE OF DEATH (Enter only one cause per tipe for (a), (b), and (c). Terroseleso Fre Cardio Vas cular dillane PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c DUE TO, OR AS A CONSEQUENCE OF JRIAL-TRANSIT Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PARE ZOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [ 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH 19 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION AT WORK AT WHILE STREET, EACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21). 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Accident deoth resulted from: Natural causes Homicide L Undetermined monner TUTLE (SPECIEM) SIGNED 6-11 MEDICAL EXAMINER EXAMINER'S NAME 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE NATIONAL MEMORIAL FALLS CHURCH PARK VIRGINIA 24. FUNERAL DIRECTOR DHMH-17 20M 1/73 FRANCIS J. COLLINS (VR A15 ME (5)) 500 UNIV. BLVD. W. SILVER SRRING, MARYLAND

579-18-3682 ELTZ/GETH MATCHILLISM The state of the s TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, possible detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled within 72 hours after diwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical examiner must be notified at once.

STATE O	FMARYLA

ND DEPARTMENT OF HEALTH AND MENTAL HYGISAE CERTIFICATE OF DEATH

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0	2	0
	6	6 5

		REGISTRAR		CEICON	TOTAL OF BEATT	REG. N	O	U (31)	1 1
	1. DE(	ORPRINTI	MIDDLE	W	0015	20. DATE OF DEATH	6 9	YEAR . 79	26 HOUR A 9:45 A
	3. SE)	EMALE	4 RACE WHITE	S DATE C	OAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS HOURS MIN.
20		RTHPLACE   ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE		9 BALTIMORE CITY C	_		
15		MARYLAND	USA	WIDOWE	DIVORCED	PRINCE GEO		COUNTY	
14	C	HEVERLY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE) PRINCE GEORGE	S GENI		170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWI	F WORKING LIFE!	INDUSTRY	HOME
6	13a. S	MARYLAND 136 COUR	R OTHER INSTITUTION, GIVE RESIDENCE BEFORM TO BOW IE		100	136. STREET ADDRESS 12615 BLA	CKWELL	LA. #	20715
61	14 FA	THER'S NAME ABRAHAM	PERLMAN PERLMAN		15. MOTHER'S MAIDEN NAM	MIDDLE		KNOWÑ	1
1	16a V	VAS DECEASED EVER IN U.S. AR LES, MO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 118-22		12615 BLACKU	LEONARDARO VELL LA., B		D 207	15
0	CERTIFICATION	Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	UENCE OF		NAL DISEASE OR CON  200 AUTOPSY?  YES TO NOTO	DITION GIVEN  20b. IF YES, W IN CERTIFYIN YES [	ERE FINDIN	NGS USED
1	MEDICAL CERT	716 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER) 716 INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION SIREE!	Carry -	RY IN ITEM 18, PART I	COUNTY	STATE
270. I certify that (1) (this hospital) attended the degeased from									that (1) (we) last couses stated SIGNED VOT Park
	(	BURIAL, CREMATION, REMOVAL BURIAL	JUNE 11,1979	SHAAF		BALT IMOR	t		RYLÄÑD
		INERAL DIRECTOR SUL L	LEVINSON & BROS.  ADDRESS  ADDRESS  ADDRESS	, INC.	1111	REC'D. BY REGISTRAR	25b. RESISTRAF	es signat	Dready !

BALTO ..

MD 21215

REISTERSTOWN RD..

O & O C T S Q A CHANGE THE MANAGE 

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 2a DATE OF DEATH MONTH (TYPE OR PRINT) **CATHERINE** YOUNG 06-12-79 8:20PM 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 7 HOURS Female Black 52 Te. BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED PRINCE GEORGE'S COUNTY Maryland USA WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY PRINCE GEORGE'S HOSPITAL CHEVERLY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) IN COUNTY 13d. INSIDE CITY LIMITS? 13-SIRELADDRESS Sterling Street Maryland Landover 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST Sadie E. Madden George O. Beard 17. INFORMANT I 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) James E. Young-Husband-8803 Sterling 220 24 640 no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 20a AUTOPSY? 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21st PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a | certify that (I) Ithis hospital) attended the deceased from sow the deceased olive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (Lifwe) (did) (did not) view the bady ofter death DEGREE 22c. DATE/SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 72 PHYSICIAN'S NAME (TYPE CHEMINI) 22e ADDRESS ROBERT RUDERMAN 6201 GREENBELT ROAD, COLLEGE PARK, MD. 20022 734 NAME OF CEMETERY OR CREMATORY 73a BURIAL CREMATION **APPROVAL** 23b DATE Harmony Memorial Park Tandover, Maryland Burial 250 DATE REC'D. BY REGISTRAR 250. REGISTR 305 SIGNATURE DHMH-16 20M Road NE. JUN 18 Benn (VRA 15, 4) 7/78

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CONTRACTOR TANK T 5 9 5 0 HELEN A HONDE THE THE WAR FEMALE STATE OF WAY 31 18 FM STEMBER A ARRAGO TO THE PROPERTY OF TH THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY. The state of the s

 6-000 6 the rest of the same of the rest of the re AND FINAL CONTRACTOR OF THE PART OF THE PA TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

medical examiner

injury, ar other traumatic event, the

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH-AND MENTAL HYCIENE

	1-	STATE REGISTRAR	and and			
		CEASED NAME FIRST	MIDDLE M.	Joung.	6-11-	MONTH DAY YEAR 26 HOUR
	3. SEX	FEMALE	BLACK	S DATE OF BIRTH  MONTH - 24 - YEAR	6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS MIN
5	M	ARVLAND	76 CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	PRINCE	GEORAES (MAD.
5	()	linton	CIENOT IN SUCH FACILITY, GIVE STREE	unty Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
6	130. S	TATE PR.G	OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c CITY OR TOV BRALBURY	HEHTS YES NO	4214 V	ine H.
1	0	VACTER	MIDDLE JOHNS	15 MOTHER'S MAIDEN FIRST  CATHERI	Ne. MIDDLE	ROSIER
			MED FORCES? 166. SOCIAL SEC WAR OR DATES) 578-5	4-6497 MARION 10	UNG SAME AS	s item 13
	TION	PART I. DE ATH WAS CAUSE IMMEDIAT  410 - Conditions, if ony, which gove rise to immediate couse iol, storing the underlying couse lost  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	JENCE OF ASH DENCE OF		
ñ	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
1	MEDICAL CER	218, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CURRED (ENTER NATURE OF INJUR	
	ME	WHILE NOT WHILE AT WORK 229. I certify that (1) (this hospi	(AT HOME, STREET, FACTORY, OFFICE	///	city or tow	COUNTY STATE
	C	sow the deceased alive an obave) (I) (we) (did) (did no	t) view the body of ter death.	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAF	22c. DATE SIGNED
		M. MOF	HSSENL.		ited AV.	Walder MD

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

